

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION
4 - - -
5 IN RE: NATIONAL)
PRESCRIPTION OPIATE) MDL No. 2804
6 LITIGATION)
_____) Case No. 1:17-MD-2804
7)
THIS DOCUMENT RELATES)
8 TO ALL CASES) Hon. Dan A. Polster
9 - - -

10
11 Thursday, December 6, 2018
12 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
CONFIDENTIALITY REVIEW
13

14 - - -
15 Videotaped deposition of Gilberto Quintero,
16 held at the offices of BakerHostetler, 200 Civic
17 Center Drive, Suite 1200, Columbus, Ohio, commencing
18 at 7:04 a.m., on the above date, before Sara S. Clark,
19 Registered Merit Reporter and Notary Public.
20

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1	I N D E X		1	EXHIBIT	DESCRIPTION	PAGE
2	---		2	Cardinal-Quintero 16	Administrative	316
3	WITNESS	PAGE			Memorandum of	
4	GILBERTO QUINTERO		3		Agreement, P1.565	
5	Examination By Mr. Kroeger:	12			through P1.565.8	
6	Examination By Mr. Gray:	249	4			
7	---			Cardinal-Quintero 17	Consent Order, P1.4222	322
8	EXHIBIT	DESCRIPTION			through P1. 4222.12	
9	Cardinal-Quintero 1	2010-2012 Org Chart, P1.4591	5			
10			6		---	
11	Cardinal-Quintero 2	Declaration of Gilberto Quintero, Bates	7			
12		CAH_MDL_PRIORPROD_DEA12_00000518 through 533	8			
13	Cardinal-Quintero 3	2008 MOA, Bates	9			
14		CAH_MDL2804_02309014 through 9062	10			
15	Cardinal-Quintero 4	3/11/13 e-mail from de Gutierrez-Mahoney, Bates MCKMDL00545341 through 47	11			
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17	Cardinal-Quintero 5	2/22/12 Government's Prehearing Statement, Bates	13			
18		CAH_MDL_PRIORPROD_DEA12_00000001 through 54	14			
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20	Cardinal-Quintero 6	9/19/10 e-mail from Rausch, Bates	16			
21		CAH_MDL2804_00704499 through 504	17			
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1	EXHIBIT	DESCRIPTION	1	---	
2	Cardinal-Quintero 7	10/22/10 e-mail from Rausch, Bates	2	PROCEEDINGS	
3		CAH_MDL2804_01103874 through 76	3	---	
4	Cardinal-Quintero 8	3/22/12 e-mail from Rausch, Bates	4	VIDEOGRAPHER: Good morning. We	
5		CAH_MDL2804_01087475 through 490	5	are now on the record. My name is	
6	Cardinal-Quintero 9	1/6/11 letter to Farley, Bates	6	Darnell Brown, and I'm the videographer	
7		CAH_MDL_PRIORPROD_DEA12_00011853 through 854	7	with Golkow Litigation Services.	
8			8	Today's date is December 6th, 2018, and	
9	Cardinal-Quintero 10	Warrant for Inspection, Bates	9	the time is 7:04 a.m.	
10		CAH_MDL_PRIORPROD_DEA12_00003808 through 817	10	This video deposition is being	
11	Cardinal-Quintero 11	11/3/11 e-mail, Bates	11	held in Columbus, Ohio, in the matter of	
12		CAH_MDL2804_00864847 through 849	12	National Prescription Opioid Litigation	
13	Cardinal-Quintero 12	Attachment 48 to Defendants' Opposition to Plaintiff's Motion for Preliminary Injunction, P1.4050 through P1.4050.5	13	for the United States District Court for	
14			14	the Northern District of Ohio. The	
15			15	deponent is Gilberto Quintero.	
16	Cardinal-Quintero 13	21 CFR 1301.74, P1.4915	16	Counsel, please identify	
17			17	yourselves for the record.	
18	Cardinal-Quintero 14	2/15/18 Letter from Congress, P1.43 through P1.43.11	18	MR. KROEGER: Rick Kroeger for	
19			19	Plaintiffs.	
20	Cardinal-Quintero 15	Attachment 15 to Defendants' Opposition to Plaintiff's Motion for Preliminary Injunction, P1.4019 through P1.4019.6	20	MS. NIGHBERT: Holly Nighbert for	
21			21	the Plaintiffs.	
22			22	MS. QUEZON: Amy Quezon,	
23			23	Plaintiffs.	
24			24	MR. GRAY: Mark Gray for the	

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<p>1 Plaintiffs.</p> <p>2 MR. WHITE: Matt White for the</p> <p>3 Plaintiffs.</p> <p>4 MS. RANJAN: Brandy Ranjan from</p> <p>5 Jones Day on behalf of Walmart.</p> <p>6 MS. MONAGHAN: Meghan Monaghan</p> <p>7 from Covington & Burling on behalf of</p> <p>8 McKesson.</p> <p>9 MR. HIMMEL: Brian Himmel from</p> <p>10 Reed Smith for AmerisourceBergen</p> <p>11 Corporation.</p> <p>12 MS. ANDERSON: Caitlin Anderson,</p> <p>13 in-house counsel at Cardinal Health.</p> <p>14 MS. PETERSEN: Miranda Petersen,</p> <p>15 Williams & Connolly, Cardinal Health.</p> <p>16 MS. WADHWANI: Neelum Wadhwani,</p> <p>17 Williams & Connolly, Cardinal Health.</p> <p>18 MS. WICHT: Jennifer Wicht from</p> <p>19 Williams & Connolly, also for Cardinal</p> <p>20 Health.</p> <p>21 VIDEOGRAPHER: Counsel on the</p> <p>22 phone?</p> <p>23 MS. MUSKETT: Eileen Muskett from</p> <p>24 Fox Rothschild for Validus.</p>	<p>1 GILBERTO QUINTERO</p> <p>2 being by me first duly sworn, as hereinafter</p> <p>3 certified, testifies and says as follows:</p> <p>4 EXAMINATION</p> <p>5 BY MR. KROEGER:</p> <p>6 Q. Would you state your full name for</p> <p>7 the record, please.</p> <p>8 A. My name is Gilberto Quintero.</p> <p>9 Q. Mr. Quintero, where are you</p> <p>10 currently employed?</p> <p>11 A. I'm currently employed at Cardinal</p> <p>12 Health.</p> <p>13 Q. And you've been with Cardinal</p> <p>14 Health since December of 2009; is that right?</p> <p>15 A. December 1st, 2009, that's</p> <p>16 correct.</p> <p>17 Q. Prior to that, what did you do?</p> <p>18 A. I used to work for the -- Wyeth</p> <p>19 Pharmaceutical, and -- which was acquired by</p> <p>20 Pfizer.</p> <p>21 Q. And at Wyeth, what was your job?</p> <p>22 What were your duties?</p> <p>23 A. I had different roles while at</p> <p>24 Wyeth. I was section leader for a period of</p>
Page 11	Page 13
<p>1 MR. MARTIN: Zach Martin of Fox</p> <p>2 Rothschild on behalf of Prescription</p> <p>3 Supply.</p> <p>4 MR. HUNTER: Tucker Hunter from</p> <p>5 Kirkland & Ellis on behalf of Allergan</p> <p>6 Finance, LLC.</p> <p>7 MR. CLARK: Miles Clark from</p> <p>8 Zuckerman Spaeder on behalf of CVS</p> <p>9 Indiana, LLC and CVS RX Services, Inc.</p> <p>10 MR. FULLER: Mike Fuller on behalf</p> <p>11 of Plaintiffs.</p> <p>12 MR. ADKINS: Bryan Adkins,</p> <p>13 Arnold & Porter, on behalf of the Endo</p> <p>14 and Par Defendants.</p> <p>15 MS. ROSENTHAL: Amanda Rosenthal</p> <p>16 from Collinson, Daehnke, Inlow & Greco,</p> <p>17 on behalf of C&R Pharmacy.</p> <p>18 VIDEOGRAPHER: Anyone else?</p> <p>19 The court reporter is Sara Clark,</p> <p>20 who will now swear in the witness.</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 time. I also was the manager of an R&D group.</p> <p>2 I was associate director of quality control, I</p> <p>3 was director of quality operations. I was</p> <p>4 assistant vice president of quality operations,</p> <p>5 and I was vice president of technical services.</p> <p>6 Q. Okay. So essentially, what were</p> <p>7 your specific duties, if you can recall?</p> <p>8 A. Is manage a small group of</p> <p>9 scientists.</p> <p>10 Q. Who were doing research for Wyeth?</p> <p>11 A. Research for Wyeth.</p> <p>12 Q. And that goes back to your sort of</p> <p>13 analytical chemistry background?</p> <p>14 A. Exactly.</p> <p>15 Q. And then manager of R&D with</p> <p>16 Wyeth, what were your duties there?</p> <p>17 A. Is similar. Managing a group of</p> <p>18 scientists that develop analytical methods, and</p> <p>19 also were involved in product development.</p> <p>20 Q. And then did you say associate</p> <p>21 director of quality control?</p> <p>22 A. Yes.</p> <p>23 Q. And your duties there?</p> <p>24 A. I manage a laboratory that was</p>

<p style="text-align: right;">Page 14</p> <p>1 responsible for ensuring that the products that 2 we made at the manufacturing facility were made 3 according to the specifications that we had for 4 the product and that we made the regulatory 5 requirements that the government had for us. 6 Q. Okay. So just so I understand, so 7 that would be more of the -- you were quality 8 control for the manufacturing, the creation of 9 some sort of a pharmaceutical product? 10 A. Right. I'm making sure the 11 product was made right, according to the 12 regulation and according to our specifications. 13 Q. And then after the associate 14 director? 15 A. Yeah. I became the director of 16 that particular manufacturing facility. 17 Q. So same duties, just a step up? 18 A. Higher, but also I have the 19 quality assurance group, the communication 20 group, the deviations group, the change control 21 group. 22 Q. And then what was your next 23 position at Wyeth? 24 A. System vice president of quality</p>	<p style="text-align: right;">Page 16</p> <p>1 Q. Processes and systems related to 2 production of product? 3 A. Product -- products, yeah. 4 Q. At any point while you were at 5 Wyeth, did you oversee distribution services 6 that Wyeth had? 7 A. I managed manufacturing facility, 8 we had a warehouse and we distributed products 9 to our distribution centers. 10 Q. But not the same kind of 11 distribution services that Cardinal provides? 12 A. Not like we do here, no. It went 13 from our manufacturing facility to a 14 distribution center. 15 Q. And your primary duties at Wyeth 16 was to oversee how the product was made, whether 17 it followed guidelines and manufacturing 18 requirements? 19 A. Correct. 20 Q. And so then in December of 2009, 21 Cardinal brought you in and they brought you 22 straight into senior vice president of QRA, 23 which is quality regulatory -- remind me the A. 24 It's not affairs, it is --</p>
<p style="text-align: right;">Page 15</p> <p>1 operations. That was in Puerto Rico. I was 2 sent to Puerto Rico for two years to address 3 some regulatory compliance issues that our 4 company had at the manufacturing site in Puerto 5 Rico. 6 Q. So were those issues related to 7 the -- following proper guidelines, things like 8 that, with regard to the creation of products? 9 A. No. Making the product according 10 to the government expectations. 11 Q. Okay. And so was that the final 12 position at Wyeth before you joined Cardinal on 13 December 1st? 14 A. No. I then came to the 15 headquarters of the pharmaceutical business in 16 Collegeville, Pennsylvania. I became the head 17 of technical services. 18 Q. And at technical services -- head 19 of technical services, what were your duties? 20 A. My duties was ensuring -- I mean, 21 working with the manufacturing facility across 22 the world, making sure that the execution of the 23 processes were optimized, that we improved the 24 quality of our work processes and systems.</p>	<p style="text-align: right;">Page 17</p> <p>1 A. It's regulatory affairs. 2 Q. Okay. And so your duties in that 3 position were what? 4 A. Was supposed to make sure that the 5 departments that I managed comply with the 6 regulations and expectations from the 7 government, and that we execute according to our 8 quality procedures. 9 Q. And you were brought in to -- you 10 were brought in by Cardinal to make sure that 11 QRA was improving, correct? 12 A. Yes. 13 MS. WICHT: Objection to the form 14 of the question. 15 Go ahead. You can answer. 16 A. I was brought in to make sure that 17 we have a solid quality and regulatory program 18 at Cardinal Health. 19 Q. You were brought in, though, to 20 fix QRA, right? 21 MS. WICHT: Object to the form of 22 the question. 23 A. I don't believe I -- you know, my 24 understanding, I was brought in to make sure the</p>

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1 company had a robust quality and regulatory
 2 compliance program.
 3 Q. And when you got there, did it
 4 have a robust quality and regulatory program?
 5 A. There were some things that I
 6 wanted to improve, like my philosophy over my
 7 career is to take what is -- what we have today
 8 and try to make it better.
 9 Q. And that's why Cardinal brought
 10 you in?
 11 MS. WICHT: Object to the form of
 12 the question.
 13 A. I mean --
 14 Q. To your knowledge, that's why
 15 Cardinal brought you in?
 16 MS. WICHT: Object to the form of
 17 the question.
 18 A. To my knowledge, Cardinal brought
 19 me in to make sure that the company had a robust
 20 quality and regulatory compliance program.
 21 Q. And the purpose of the quality
 22 regulatory compliance at Cardinal is to
 23 prevent -- to prevent diversion of their
 24 products; is that one of the primary goals?

Page 19

1 MS. WICHT: Object to the form of
 2 the question.
 3 A. They are -- I mean, I was
 4 responsible for different compliance programs.
 5 Repack -- our -- I was responsible for our
 6 repackaging operations, for our pharmacy
 7 services operations. I was responsible for the
 8 over-the-counter sourcing program.
 9 And one of the programs that I was
 10 responsible for, too, it was the anti-diversion
 11 program.
 12 Q. And aside from anyone who was
 13 above you at Cardinal, you were solely
 14 responsible for overseeing the anti-diversion
 15 and those who were working in that department,
 16 correct?
 17 A. When I came --
 18 MS. WICHT: Object.
 19 If you could just pause for one
 20 moment before you answer, just in case I
 21 need to lodge an objection.
 22 THE WITNESS: Okay, sorry.
 23 MS. WICHT: No, that's fine. No
 24 problem.

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1 Object to the form of the
 2 question.
 3 And now you can answer, if you
 4 remember what the question was.
 5 A. Can you repeat the question,
 6 please?
 7 BY MR. KROEGER:
 8 Q. Sure. So you had at least one
 9 person above you when you joined Cardinal,
 10 right?
 11 A. I had reporting to Craig Morford.
 12 Q. Okay. And there was no one
 13 between you and Craig Morford who was also
 14 responsible for the anti-diversion; is that
 15 right?
 16 A. Correct.
 17 Q. And then you oversaw the
 18 anti-diversion program in its total?
 19 A. There were -- when I got there,
 20 there were two people between me and the vice
 21 president of the anti-diversion program.
 22 Q. Who were those two people?
 23 A. Mark Hartman was reporting
 24 directly in to me, and then Michael reported in

Page 21

1 to Mark Harman.
 2 Q. By "Michael," you mean Michael
 3 Moné?
 4 A. Michael Moné, yes.
 5 Q. But as you said, Hartman reported
 6 to you, correct?
 7 A. Correct.
 8 Q. And you then reported to
 9 Mr. Morford?
 10 A. And I reported in to Craig
 11 Morford, yes.
 12 Q. And so I'm just trying to
 13 understand the chain of command there. There's
 14 not an equal to you; there's Mr. Hartman, who's
 15 reporting to you, Mr. Moné, who is reporting to
 16 him; is that right?
 17 A. That was the chain of command,
 18 yes.
 19 Q. Okay. And so then that puts you
 20 on top of the anti-diversion for Cardinal at the
 21 time you entered, correct?
 22 MS. WICHT: Object to the form of
 23 the question.
 24 A. That put me in charge of that

<p style="text-align: right;">Page 22</p> <p>1 program, as well as other programs at Cardinal 2 Health.</p> <p>3 Q. No, I understand that Cardinal 4 gave you many duties. But in particular, you 5 were responsible for the anti-diversion programs 6 at Cardinal, correct?</p> <p>7 MS. WICHT: Object to the form of 8 the question.</p> <p>9 A. Myself and other folks in my 10 management team.</p> <p>11 Q. The other folks reported to you, 12 though, correct?</p> <p>13 A. Reported to me, and correct, I 14 reported to Craig Morford.</p> <p>15 Q. Okay. In that role, you had to 16 oversee compliance with the DEA; is that right?</p> <p>17 MS. WICHT: Object to the form of 18 the question.</p> <p>19 A. I was supervising the group that 20 was responsible for ensuring compliance with DEA 21 regulations.</p> <p>22 Q. And that group that you were 23 supervising, you were responsible for ensuring 24 that their decisions were within guidelines the</p>	<p style="text-align: right;">Page 24</p> <p>1 boss, and other people in the company, too.</p> <p>2 Q. Okay. And then that's true, also, 3 for compliance with FDA regulations?</p> <p>4 MS. WICHT: Object to the form of 5 the question.</p> <p>6 A. Similarly.</p> <p>7 Q. And with regard to boards of 8 pharmacy for various states --</p> <p>9 MS. WICHT: Same objection. 10 Sorry.</p> <p>11 BY MR. KROEGER:</p> <p>12 Q. If the question isn't clear, 13 because I know it was a half question. Let me 14 just say it another way.</p> <p>15 So your duties to supervise those 16 who were dealing with compliance, your duty to 17 ensure that the company was in compliance, was 18 also with regard to regulations put forth by 19 state boards of pharmacy, correct?</p> <p>20 MS. WICHT: Object to the form of 21 the question.</p> <p>22 You can answer.</p> <p>23 A. My role is to ensure that we have 24 robust system and management control to ensure</p>
<p style="text-align: right;">Page 23</p> <p>1 DEA had put forward; is that right?</p> <p>2 MS. WICHT: Object to the form of 3 the question.</p> <p>4 A. We were responsible -- I was 5 responsible for making sure that we have robust 6 processes and systems to ensure that we comply 7 with the regulations set in -- by DEA.</p> <p>8 Q. Okay. But my question -- and I 9 understand what your answer was, but the 10 question I was asking was: You were responsible 11 for ensuring that those below you were complying 12 and making decisions that were in compliance 13 with DEA regulations?</p> <p>14 A. My role was to supervise the 15 group.</p> <p>16 Q. Right.</p> <p>17 So the buck stopped with you in 18 terms of that, aside from it going up to 19 Mr. Morford should he disagree with decisions 20 you made?</p> <p>21 MS. WICHT: Object to the form of 22 the question.</p> <p>23 A. The responsibility is mine, as 24 well as my direct reports, and as well as my</p>	<p style="text-align: right;">Page 25</p> <p>1 that we comply with the regulations from Board 2 of Pharmacy, as well as federal agencies.</p> <p>3 Q. So a robust system to comply -- do 4 you want to say it one more time for me?</p> <p>5 MS. WICHT: Say his answer again?</p> <p>6 MR. KROEGER: If you don't mind.</p> <p>7 A. Repeat the question.</p> <p>8 Q. Well, it seems that you have -- 9 your job was to create a robust system to comply 10 with -- and then you have -- you said something 11 else.</p> <p>12 A. My role is to ensure that we have 13 processes, systems in place to ensure that we 14 adhere to federal and Board of Pharmacy 15 regulations.</p> <p>16 Q. Okay. In addition to compliance 17 with DEA, FDA, Boards of Pharmacy regulations, 18 did you also have a voice in trade 19 organizations?</p> <p>20 MS. WICHT: Object to the form of 21 the question.</p> <p>22 A. I was not an active member of 23 trade organizations. I participated in several 24 meetings, but myself, I was not on the board or</p>

<p style="text-align: right;">Page 26</p> <p>1 any -- any leadership position with trade 2 groups. 3 Q. But in your role as senior vice 4 president of QRA and Cardinal, did you have a 5 voice with, for instance, the HDMA or HDA? 6 MS. WICHT: Object to the form of 7 the question. 8 A. We participated in meetings where 9 we provided our opinion and position as a 10 company. 11 Q. Okay. And so within Cardinal's 12 company position that they would present to HDA 13 or HDMA, you had a voice in that process; is 14 that right? 15 MS. WICHT: Object to the form of 16 the question. 17 A. In some meetings I did. 18 Q. Okay. During your time at 19 Cardinal, and in your role -- you're still at 20 Cardinal, correct? 21 A. I'm still at Cardinal, yes, 22 correct. 23 Q. And your position, you're still 24 with QRA; is that right?</p>	<p style="text-align: right;">Page 28</p> <p>1 the -- 2 A. Medical segment. 3 Q. Okay. So that's like medical 4 devices and the like? 5 A. Yes, correct. 6 Q. Okay. So how long were you senior 7 vice president for QRA of pharmaceuticals? 8 A. From -- still have responsibility 9 over some portions of the pharmaceutical 10 segment, so I started in December 2009, I 11 believe, until September 2015, I believe. But I 12 still have some responsibilities in the 13 pharmaceutical segment. 14 Q. Because that falls under the 15 umbrella of the chief of QRA? Is that what -- 16 I'm sorry. Your title -- current title is 17 chief -- 18 A. Quality and regulatory affairs 19 officer. 20 Q. Okay. And so you still have the 21 pharmaceutical under you because you have all of 22 QRA for Cardinal? 23 A. There are portions of the 24 pharmaceutical segment quality unit that do not</p>
<p style="text-align: right;">Page 27</p> <p>1 A. Yes. 2 Q. But your position has changed a 3 bit, I think in title, and you've moved up, 4 correct? 5 A. I'm the chief quality and 6 regulatory affairs officer with the focus on 7 manufacturing operations. 8 Q. Okay. So more back to your 9 background that you had at Wyeth? 10 MS. WICHT: Object to the form of 11 the question. 12 A. I have some similar 13 responsibilities that I had at Wyeth but with a 14 wider scope now. 15 Q. Okay. How long were you senior 16 vice president of QRA? 17 A. Specifically to a segment or 18 specifically to the company as a whole? 19 Q. I don't know that I know the 20 difference. So you were brought in 21 December 1st, 2009 as senior vice president of 22 quality regulatory affairs, correct? 23 A. For the pharmaceutical segment. 24 Q. Okay. And the other segment is</p>	<p style="text-align: right;">Page 29</p> <p>1 report in to me. 2 Q. Okay. And that's as of 2015? 3 A. As of 2015 and there have been 4 some minor changes to it after that. 5 Q. Which portion of the 6 pharmaceutical QRA no longer reports to you? 7 A. The anti-diversion group. 8 Q. Oh. And when did that start? 9 A. That was September 2015. 10 Q. So in September of 2015, the 11 anti-diversion portion of QRA was -- was it 12 moved, or were you moved? How did that happen 13 that it no longer reported to you? 14 A. I received additional 15 responsibility over the medical segment, and 16 that particular department was transferred 17 directly to my boss. 18 Q. Which is Craig Morford? 19 A. Craig Morford. 20 Q. So from 2015, and is that 21 currently still the case? 22 A. I think Todd Cameron now reports 23 in to Jessica Mayer. 24 Q. Todd Cameron reports in to who?</p>

<p style="text-align: right;">Page 30</p> <p>1 I'm sorry.</p> <p>2 A. Jessica Mayer.</p> <p>3 - - -</p> <p>4 (Cardinal-Quintero Exhibit 1 marked.)</p> <p>5 - - -</p> <p>6 BY MR. KROEGER:</p> <p>7 Q. Okay. So from 2009 to '15 -- I'm</p> <p>8 going to hand you 4591.</p> <p>9 If you could just take a look at</p> <p>10 that for me. So obviously 2009 is when you</p> <p>11 started, December 1st, but there's only a month</p> <p>12 of 2009 and then we get to 2010.</p> <p>13 So from the beginning of 2010</p> <p>14 until 2012, does this accurately reflect the</p> <p>15 chain of command for QRA?</p> <p>16 A. I never --</p> <p>17 MS. WICHT: Can I just pause?</p> <p>18 I just want to ask a clarifying</p> <p>19 question. Is this a document that was</p> <p>20 produced, or is this something -- like a</p> <p>21 demonstrative that plaintiffs created?</p> <p>22 MR. KROEGER: To my knowledge,</p> <p>23 it's something that we've created,</p> <p>24 but...</p>	<p style="text-align: right;">Page 32</p> <p>1 And then from 2010 -- I'm sorry,</p> <p>2 2012 to '15, who reported to you; do you recall?</p> <p>3 It's not on that.</p> <p>4 A. Okay. I have recollection. I</p> <p>5 have many people reporting to me, including</p> <p>6 Michael Moné, Steve Reardon.</p> <p>7 What was the period of time again?</p> <p>8 Q. '12 to '15.</p> <p>9 A. Kathy Kwarcinski was reporting in</p> <p>10 to me at one point.</p> <p>11 Q. Are these direct reports?</p> <p>12 A. Yeah, direct reports.</p> <p>13 I have, from what I remember,</p> <p>14 between five and seven direct reports, but I</p> <p>15 will have to review the organizational chart</p> <p>16 from that period of time to be able to tell you</p> <p>17 exactly how many people reported in to me.</p> <p>18 Q. Michael Moné, though, was a direct</p> <p>19 report of yours from when you started until</p> <p>20 2015; is that fair?</p> <p>21 A. Not from when I started.</p> <p>22 Q. Not from when you started?</p> <p>23 A. No.</p> <p>24 Q. Because he reported to</p>
<p style="text-align: right;">Page 31</p> <p>1 MS. WICHT: Okay. I just wanted</p> <p>2 to clarify which was the case. Okay.</p> <p>3 A. I don't believe it is 100 percent</p> <p>4 correct. I never interacted with Gary Dolch,</p> <p>5 so...</p> <p>6 Q. Okay.</p> <p>7 A. I know that he was in the company</p> <p>8 before me, but I don't know who he is.</p> <p>9 Q. He may not have --</p> <p>10 A. I've never met him.</p> <p>11 Also, lacking from this</p> <p>12 organizational chart is Mark Hartman that was</p> <p>13 with me for a portion of 2010.</p> <p>14 Q. And as we said earlier, Mark</p> <p>15 Hartman reported to you, correct?</p> <p>16 A. Yes.</p> <p>17 Q. So generally speaking, aside from</p> <p>18 Gary Dolch, your not being familiar with him</p> <p>19 having worked with you or for you, and missing</p> <p>20 Mark Hartman, this is accurate?</p> <p>21 A. No, because Michael Moné and Steve</p> <p>22 Reardon, during that period of time, reported in</p> <p>23 to Mark Hartman.</p> <p>24 Q. I see. Okay.</p>	<p style="text-align: right;">Page 33</p> <p>1 Mr. Hartman, who reported to you?</p> <p>2 A. Correct.</p> <p>3 Q. And then Mr. Hartman left in 2010,</p> <p>4 sometime in 2010, he left Cardinal; is that</p> <p>5 right?</p> <p>6 A. I believe that he left sometime in</p> <p>7 2010 or early 2011. I don't recall the exact</p> <p>8 date.</p> <p>9 Q. And once he left, is that when</p> <p>10 Mr. Moné became a direct report to you?</p> <p>11 A. Correct.</p> <p>12 Q. During your time at Cardinal, I</p> <p>13 think you've made a declaration in the past that</p> <p>14 millions have been devoted to anti-diversion; is</p> <p>15 that true?</p> <p>16 MS. WICHT: Object to the form of</p> <p>17 the question.</p> <p>18 A. We have invested millions of</p> <p>19 dollars in creating a program that is effective</p> <p>20 against the prevention of diversion of drugs.</p> <p>21 Q. How many millions would you</p> <p>22 estimate?</p> <p>23 A. I will say with certainty, more</p> <p>24 than \$25 million, but I don't recall the exact</p>

<p style="text-align: right;">Page 34</p> <p>1 amount.</p> <p>2 Q. And that's over the course of the</p> <p>3 time you've been with Cardinal?</p> <p>4 A. That is over the time that I was</p> <p>5 at Cardinal. Probably some of this investment</p> <p>6 was before I got there, too.</p> <p>7 Q. So that's not a yearly \$25 million</p> <p>8 investment, that's a sum total from possibly</p> <p>9 right before you got there until now?</p> <p>10 A. And when --</p> <p>11 MS. WICHT: Object to the form of</p> <p>12 the question. Mischaracterizes prior</p> <p>13 testimony.</p> <p>14 A. When I was talking about</p> <p>15 investment, I thought you were asking me about</p> <p>16 capital investment. We continuously invest. We</p> <p>17 have a program with people that we pay on an</p> <p>18 annual basis, and those investments are ongoing.</p> <p>19 Q. And how much over those same</p> <p>20 number of years would you imagine or do you know</p> <p>21 Cardinal has invested in sales?</p> <p>22 MS. WICHT: Object to the form of</p> <p>23 the question.</p> <p>24 A. I wouldn't know that because I'm</p>	<p style="text-align: right;">Page 36</p> <p>1 ---</p> <p>2 (Cardinal-Quintero Exhibit 2 marked.)</p> <p>3 ---</p> <p>4 BY MR. KROEGER:</p> <p>5 Q. I'm going to hand you what's been</p> <p>6 marked as Exhibit 2. And since this is the</p> <p>7 first exhibit I'm handing you with multiple</p> <p>8 pages, I want to explain a little bit about how</p> <p>9 we're trying to keep track of page numbers, just</p> <p>10 to avoid confusion.</p> <p>11 If you notice at the top right</p> <p>12 corner of the document that you have, there's a</p> <p>13 P1 number.</p> <p>14 A. Uh-huh.</p> <p>15 Q. P1.4091.</p> <p>16 A. Yes.</p> <p>17 Q. If you turn to the second page</p> <p>18 you'll notice there's now 4091.2.</p> <p>19 A. Uh-huh.</p> <p>20 Q. So throughout the day, any</p> <p>21 exhibits that we use, we're going to be</p> <p>22 referring to the page numbers at the top because</p> <p>23 some of these documents may have disjointed page</p> <p>24 numbers, other issues. This is just a way to</p>
<p style="text-align: right;">Page 35</p> <p>1 not part of the sales group.</p> <p>2 Q. So you have no idea how many</p> <p>3 millions Cardinal may have invested over those</p> <p>4 same years?</p> <p>5 MS. WICHT: Object to the form of</p> <p>6 the question.</p> <p>7 A. I don't know the answer to that</p> <p>8 question.</p> <p>9 Q. And can you explain the purpose of</p> <p>10 anti-diversion? I think we've kind of touched</p> <p>11 on it, but specifically, what is the purpose of</p> <p>12 having an anti-diversion program at Cardinal?</p> <p>13 A. The purpose is to make sure that</p> <p>14 we comply with the element of the Controlled</p> <p>15 Substances Act, that we have effective controls</p> <p>16 against diversion, that we identify and report</p> <p>17 suspicious orders to the government.</p> <p>18 Q. Okay.</p> <p>19 A. Plus --</p> <p>20 Q. Go ahead. Sorry. I didn't want</p> <p>21 to cut out off.</p> <p>22 A. That's basically the foundation of</p> <p>23 our responsibility of the anti-diversion</p> <p>24 process.</p>	<p style="text-align: right;">Page 37</p> <p>1 keep track.</p> <p>2 A. Okay.</p> <p>3 Q. So if I ask you to go to Page 2,</p> <p>4 which I am, you'll go to that top right corner.</p> <p>5 So if you'll go to Page 2 of</p> <p>6 Exhibit 2, and I want to draw your attention to</p> <p>7 Paragraph 4.</p> <p>8 A. Uh-huh.</p> <p>9 Q. So your responsibilities, if you</p> <p>10 could -- in this role, do you see that sentence</p> <p>11 in Paragraph 4?</p> <p>12 A. Yes, I do.</p> <p>13 Q. Could you read that, please.</p> <p>14 A. "I have held the current position,</p> <p>15 senior vice president of quality and regulatory</p> <p>16 affairs, since I joined Cardinal Health in</p> <p>17 December of 2009. In this role, I am</p> <p>18 responsible for overseeing all the quality and</p> <p>19 compliance programs within the company's</p> <p>20 pharmaceutical segment."</p> <p>21 Q. Okay. So it's all quality and</p> <p>22 compliance programs within the pharmaceutical</p> <p>23 segment that you're overseeing, correct?</p> <p>24 A. Correct.</p>

<p style="text-align: right;">Page 38</p> <p>1 Q. And if we can go down to Paragraph 2 5, the second sentence in Paragraph 5, if you 3 could read that. 4 A. "We have invested millions of 5 dollars in people and technology to support our 6 anti-diversion programs." 7 Q. Continue, please. 8 A. "To the best of my knowledge, the 9 company has not distributed controlled 10 substances to any customer that it believed 11 would divert those drugs into other than 12 legitimate medical channels." 13 Q. So since 2009 -- and I know this 14 statement that you're looking at actually was 15 from April of 2012. So it's not necessarily 16 current, but you still stand by that statement? 17 MS. WICHT: Object to the form of 18 the question. 19 A. I stand by the statement that we 20 have a program in place that provides effective 21 controls against diversion. 22 Q. So since 2012, you're backing off 23 of your statement that you don't believe 24 Cardinal has distributed controlled substances</p>	<p style="text-align: right;">Page 40</p> <p>1 A. I believe so. 2 Q. Okay. In order to get there, to 3 come to that belief, you've had to supervise and 4 oversee the anti-diversion program. 5 How many employees did you have in 6 the anti-diversion program over the -- when you 7 started and until you left? 8 A. I do not recall the exact count, 9 but I can tell you some of the numbers. In 10 people that were reporting directly into Michael 11 Moné's group, we had between 16 and 22, 12 somewhere in that range. And people that 13 reported in to Steve Reardon, we had anywhere 14 from 20 to 30 employees. Those numbers may have 15 changed over time as we were, you know, either 16 adding resources for investigations. 17 We also brought in companies from 18 the outside to help us with several of the 19 elements of the anti-diversion program. 20 Q. So 16 to 22 people from Michael 21 Moné? 22 A. In that range. 23 Q. And what specifically was he 24 tasked with within anti-diversion?</p>
<p style="text-align: right;">Page 39</p> <p>1 to any customer that it believed would divert 2 those drugs into other than legitimate medical 3 channels? 4 A. We have never -- 5 MS. WICHT: Object to the form of 6 the question. Mischaracterize. 7 A. To the best of my knowledge, we 8 have never distributed drug products other than 9 for legitimate medical purposes. 10 Q. But it sounds like you've backed 11 off from this statement a bit since 2012. 12 MS. WICHT: Object to the form of 13 the question. 14 A. I don't believe so. 15 Q. Okay. So -- 16 A. It's consistent with what I'm 17 saying. 18 Q. All right. Just let me -- to be 19 clear, then, as you sit here today, 2018, you 20 believe that, to the best of your knowledge, the 21 company, Cardinal Health, has not distributed 22 controlled substances to any customer that it 23 believed would divert those drugs into other 24 than legitimate medical channels?</p>	<p style="text-align: right;">Page 41</p> <p>1 A. He was tasked with -- this program 2 has several elements. He has a -- part of his 3 program was our Know Your Customer program. 4 Part of his program was the monitoring of 5 orders. Part of his program was making 6 decisions of which customers to continue selling 7 drug product and which customers we should 8 terminate because they had the potential to pose 9 a risk for diversion of drug product. 10 Q. Okay. And so with regard to 11 Michael Moné's responsibility for the Know Your 12 Customer portion of anti-diversion, he reported 13 to you with regard to that, correct? 14 A. All his responsibility, you know, 15 he reported in to me. I was his supervisor. 16 Q. Okay. And I just want to make 17 sure, though. I want to be clear that there 18 wasn't a part of this, there's not -- the Know 19 Your Customer or the order monitoring or the 20 customer decisions in terms of termination or 21 continuing, none of those were reported to 22 someone besides you, correct? 23 A. He reported directly in to me. 24 Q. On all of those issues?</p>

<p style="text-align: right;">Page 42</p> <p>1 A. On the activities of his 2 department. 3 Q. And so you had oversight and had 4 to determine whether or not he was doing those 5 things properly? 6 MS. WICHT: Object to the form of 7 the question. 8 A. My job was to, you know, supervise 9 him and assess his performance. 10 Q. And to make sure that he was doing 11 his job well? 12 MS. WICHT: Object to the form of 13 the question. 14 A. Correct. 15 Q. And to make sure that he was doing 16 his job correctly? 17 MS. WICHT: Object to the form of 18 the question. 19 A. To supervise activities that he 20 was performing, yes. 21 Q. And you mentioned briefly earlier 22 about complying with DEA regulations and the 23 like, correct? 24 MS. WICHT: Object to the form of</p>	<p style="text-align: right;">Page 44</p> <p>1 the question. Sorry. 2 A. It was to supervise him and ensure 3 that he was executing according to my 4 expectations and that we were executing 5 according to the regulations. 6 Q. Okay. So it was -- the 7 regulations was part of your consideration with 8 determining whether or not he was executing 9 things properly? 10 A. It was one of the factors, yes. 11 Q. You certainly wouldn't have wanted 12 him to make decisions outside of the 13 regulations? 14 MS. WICHT: Object to the form of 15 the question. 16 A. No. 17 Q. And then with Mr. Reardon, what 18 were his responsibilities? 19 A. His responsibility was to manage 20 and supervise the compliance personnel that we 21 had at our distribution centers. 22 Q. And the compliance personnel, was 23 that -- were those the individuals -- there was 24 maybe one at each distribution center?</p>
<p style="text-align: right;">Page 43</p> <p>1 the question. 2 Q. You mentioned it? That's the 3 question right now. 4 A. One of his roles was to make sure 5 that we, you know, met the regulations. 6 Q. And so one of your roles as his 7 supervisor was to ensure that his decisions were 8 in line with those regulations? 9 MS. WICHT: Object to the form of 10 the question. 11 A. My role as his supervisor was to 12 supervise his activities and determine whether 13 or not he was doing an adequate job or he needed 14 some guidance from me. 15 Q. Okay. And the question, though, 16 is a slightly different one than what you're 17 answering. So as you're supervising him and his 18 duties and deciding whether or not he was doing 19 well or needed additional guidance from you, 20 part of that supervision was to ensure that his 21 actions and decisions were in line with DEA 22 regulations? 23 A. To supervise -- 24 MS. WICHT: Object to the form of</p>	<p style="text-align: right;">Page 45</p> <p>1 A. In general, we have one person at 2 each distribution center. 3 Q. And Mr. Reardon supervised those 4 27 individuals? 5 A. Well, he supervised people that 6 supervised those individuals. He also managed 7 the -- some of the training activities that we 8 had, and he also managed our document management 9 system. 10 Q. "Document management system," 11 meaning what? 12 A. The system that we use to publish 13 standard operating procedures. 14 Q. I'm sorry. I didn't understand. 15 To -- 16 A. To manage and distribute standard 17 operating procedures. 18 Q. Okay. Any other duties with 19 regard to anti-diversion for Mr. Reardon at that 20 time? 21 A. He managed -- he was responsible 22 for ensuring that we had the proper controls in 23 place at the distribution center to make sure 24 that we don't have internal diversion of product</p>

<p style="text-align: right;">Page 46</p> <p>1 and that our carriers were complying with our 2 expectation in terms of delivering products to 3 our customers. 4 Q. So then is it fair to say that 5 between Mr. Moné and Mr. Reardon, they both had 6 certain oversight with regard to distribution 7 centers? 8 MS. WICHT: Object to the form of 9 the question. 10 A. Mr. Moné was responsible for the 11 anti-diversion program, mainly dealing with our 12 customers, and Mr. Reardon had responsibilities 13 for our internal controls that we had at the 14 distribution center to ensure that we did not 15 have internal diversion of product. 16 Q. Okay. So Mr. Reardon -- the 17 diversion that Mr. Reardon was most concerned 18 with, then, was internal diversion, so if an 19 employee might steal drugs or lose drugs or 20 something to that effect? Is that an accurate 21 description? 22 A. He had those responsibilities, but 23 he also had responsibility for making sure if 24 employees at the distribution center saw an</p>	<p style="text-align: right;">Page 48</p> <p>1 what was the chain of communication, but it was 2 somebody in the anti-diversion group. 3 Q. And whichever somebody that may 4 have been in the anti-diversion group, that was 5 someone whose decisions you were also 6 responsible for, correct? 7 MS. WICHT: Object to the form of 8 the question. 9 A. I was responsible for supervising 10 Michael Moné's team. 11 Q. And those anti-diversion personnel 12 you were talking about are on Michael Moné's 13 team, correct? 14 A. That's correct. 15 Q. So decisions that they made, 16 Michael Moné was responsible for ensuring that 17 they were proper, correct? 18 MS. WICHT: Object to the form of 19 the question. 20 A. He was responsible for supervising 21 people in his group. 22 Q. And within his responsibilities 23 for supervising people within his group, that 24 included ensuring that they made proper, lawful</p>
<p style="text-align: right;">Page 47</p> <p>1 order that, for them, was of unusual size, that 2 they could raise the hand and notify Michael 3 Moné's group for an investigation. 4 Q. Okay. So a picker or a checker, 5 are those the people you're talking about? 6 A. Picker or checker. 7 Q. So if a picker or checker sees an 8 order that seems too large to them, they then 9 report to Mr. Reardon, we have an order that's 10 suspicious because it's just too big, 11 Mr. Reardon then tells Mr. Moné? 12 MS. WICHT: Object to the form of 13 the question. 14 A. Essentially, it's a little bit 15 different than that. It's if a picker or a 16 checker determined the order was unusual, it 17 goes through their supervisor. Supervisor 18 communicates to the compliance officer, which 19 then has some communications with personnel in 20 the anti-diversion group. 21 Q. Which personnel in the 22 anti-diversion group? 23 A. Could be a pharmacist in the 24 anti-diversion group. I don't recall exactly</p>	<p style="text-align: right;">Page 49</p> <p>1 decisions? 2 MS. WICHT: Object to the form of 3 the question. 4 A. That they made decisions with -- 5 in the spirit of complying with our own internal 6 expectations and with the regulatory 7 requirements. 8 Q. Okay. You added a bit of a caveat 9 there. So you said "in the spirit of 10 complying." Was that in the spirit of complying 11 with Cardinal's internal, or in the spirit of 12 complying with Cardinal's internal policies and 13 in the spirit of complying with the law? 14 MS. WICHT: Object to the form of 15 the question. 16 A. With the intent of complying with 17 both. 18 Q. Completely? 19 MS. WICHT: Object. 20 A. Our intent to comply with 21 regulations. 22 Q. Completely? 23 MS. WICHT: Object to the form of 24 the question.</p>

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1 A. It's our intent always to comply
 2 with regulations.
 3 Q. Okay. The only reason I'm asking
 4 this in this way is because you said "in the
 5 spirit of complying" to start this answer. And
 6 so I want to ensure that I know whether or not
 7 the job was to comply with regulations and laws
 8 and policies partially because it's in the
 9 spirit of it or completely because it simply has
 10 to be followed?
 11 MS. WICHT: Object to the form of
 12 the question.
 13 A. Maybe because English is my second
 14 language, but it's with the intent of complying
 15 with the regulations.
 16 Q. Completely? With your -- it's the
 17 intent to comply with the regulations
 18 completely?
 19 MS. WICHT: Object to the form of
 20 the question.
 21 A. Our intent is always to comply
 22 with the regulations.
 23 Q. And why is it that you won't say
 24 your intent is to comply with the regulations

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1 completely?
 2 MS. WICHT: Object to the form of
 3 the question.
 4 A. Because our intent, that's
 5 implied. If our intent is to comply with the
 6 regulations, it means the same thing that you're
 7 saying.
 8 Q. And that's why I was asking,
 9 because I wanted to make sure that it does. So
 10 I was choosing that word carefully, I wanted to
 11 make sure.
 12 So the intent is to comply with
 13 regulations completely?
 14 MS. WICHT: Object to the form of
 15 the question.
 16 A. Our intent is to always comply
 17 with federal regulatory requirements.
 18 Q. Okay. So you just -- okay.
 19 Was there also a group of
 20 executives who met and regularly looked at
 21 anti-diversion?
 22 MS. WICHT: Object to the form of
 23 the question.
 24 A. We provided updates to my boss and

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1 other members of the leadership team.
 2 Q. And is that the name of that
 3 group, was the leadership team?
 4 A. That's the way that I call it. I
 5 don't think that there was a specific name.
 6 Q. And you said "we provided that
 7 information." Who's the "we"?
 8 A. Michael Moné, myself, Bob
 9 Giacalone, which was -- he is our senior
 10 regulatory counsel, and we provided updates on
 11 our program to Craig Morford and to Mike
 12 Kaufmann at that time.
 13 Q. Within -- I'm trying to figure out
 14 who's where. So were there -- it sounds like
 15 Mr. Reardon's compliance personnel that reported
 16 to him, they were generally located at the
 17 distribution centers; is that accurate?
 18 A. We have many of them that are --
 19 were in distribution centers. Others were
 20 regional directors that managed those folks.
 21 They worked from home or from one of the DCs.
 22 And we had a few individuals that worked in our
 23 Dublin headquarters.
 24 Q. Did they work in the Dublin

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1 headquarters because they had a particular need
 2 to be in Dublin for executive reasons, or it
 3 just happened that that's where they worked?
 4 A. It could be because they were
 5 managing the document management system, which
 6 for standard operating procedures, and we did
 7 that out of our headquarters. It could be
 8 because they were managing a region that were
 9 near the headquarters.
 10 Q. Okay. And then with Mr. Moné's
 11 group, you said 16 to 22 people who would
 12 oversee Know Your Customer policies, also
 13 oversee order monitoring, and decide on
 14 customers to terminate or keep, were those
 15 people centered in Dublin?
 16 A. We have a large portion of those
 17 people in Dublin, but we also have some people
 18 sitting at distribution centers. I'm trying to
 19 recall.
 20 To the best of my knowledge, most
 21 of them were either in Dublin, distribution
 22 centers, or there were field investigators that
 23 worked out of their home.
 24 Q. Sure.

<p style="text-align: right;">Page 54</p> <p>1 Because the field investigators</p> <p>2 had to actually go to various places, so there</p> <p>3 was no need for them to be in Dublin?</p> <p>4 A. Correct.</p> <p>5 Q. But the other part of Mr. Moné's</p> <p>6 team that you oversaw was centered in Dublin,</p> <p>7 sort of an executive group who decided on -- who</p> <p>8 monitored and made decisions about orders,</p> <p>9 monitored and made decisions about customers?</p> <p>10 MS. WICHT: Object to the form of</p> <p>11 the question.</p> <p>12 A. The day-to-day decisions on</p> <p>13 threshold events and shipping orders was not</p> <p>14 done by the executive team. It was done by</p> <p>15 either analysts and pharmacists that their job</p> <p>16 was to evaluate threshold events and make</p> <p>17 decisions on suspicious orders.</p> <p>18 Q. And those evaluations and</p> <p>19 decisions on suspicious orders ultimately were</p> <p>20 the responsibility of Mr. Moné, as well,</p> <p>21 correct, in that he was overseeing those people?</p> <p>22 A. He oversaw the people that made</p> <p>23 those decisions.</p> <p>24 Q. Because of that, he took -- had to</p>	<p style="text-align: right;">Page 56</p> <p>1 decisions and ensuring that they were in</p> <p>2 compliance with Cardinal rules, as well as laws,</p> <p>3 correct?</p> <p>4 MS. WICHT: Object to the form of</p> <p>5 the question.</p> <p>6 A. As Michael Moné's supervisor, my</p> <p>7 responsibility is that Michael had the proper</p> <p>8 program to execute our anti-diversion program,</p> <p>9 to ensure that we meet the regulations, and also</p> <p>10 meet our own internal procedures.</p> <p>11 Q. With regard to those internal</p> <p>12 procedures, were there -- you had a number of</p> <p>13 different standard operating procedures within</p> <p>14 Cardinal, correct?</p> <p>15 A. We have hundreds of standard</p> <p>16 operating procedures within Cardinal.</p> <p>17 Q. And some of those -- let's focus</p> <p>18 on the anti-diversion standard operating</p> <p>19 procedures. There would be one for how</p> <p>20 distribution centers are supposed to monitor</p> <p>21 orders, right?</p> <p>22 A. I'm assuming so. I don't recall</p> <p>23 all of the procedures that we had.</p> <p>24 Q. To your knowledge, though, the</p>
<p style="text-align: right;">Page 55</p> <p>1 have responsibility for how those decisions were</p> <p>2 made?</p> <p>3 MS. WICHT: Object to the form of</p> <p>4 the question.</p> <p>5 A. He had responsibility for</p> <p>6 supervising, managing, and developing procedures</p> <p>7 to execute those decisions.</p> <p>8 Q. And ensuring that those decisions</p> <p>9 were made in compliance with Cardinal rules and</p> <p>10 laws?</p> <p>11 MS. WICHT: Object to the form of</p> <p>12 the question.</p> <p>13 A. Can you repeat the question again?</p> <p>14 Q. In supervising those and</p> <p>15 overseeing those decisions, he had to also</p> <p>16 ensure that those decisions were made in</p> <p>17 compliance with Cardinal rules, as well as laws?</p> <p>18 A. In supervising that group, he was</p> <p>19 responsible for having processes in place to</p> <p>20 make sure that his people were following our own</p> <p>21 internal procedures, as well as meeting</p> <p>22 regulatory requirements.</p> <p>23 Q. And as Mr. Moné's supervisor, you</p> <p>24 were also then, in turn, responsible for those</p>	<p style="text-align: right;">Page 57</p> <p>1 standard operating procedures, the very reason</p> <p>2 that they're called that is because they apply</p> <p>3 company-wide, correct?</p> <p>4 A. They applied to more than one</p> <p>5 facility.</p> <p>6 Q. So the distribution centers would</p> <p>7 be acting under the same standard operating</p> <p>8 procedures?</p> <p>9 A. In most cases.</p> <p>10 Q. What cases would they not?</p> <p>11 A. Well, if they do something</p> <p>12 different. If they don't -- I mean, they have a</p> <p>13 different -- for example, if a distribution</p> <p>14 center doesn't have a vault and doesn't</p> <p>15 distribute C2 substances, so that would not be</p> <p>16 applicable to those.</p> <p>17 Q. But then all distribution centers</p> <p>18 that have a vault and do distribute C2</p> <p>19 substances -- and for the record, controlled</p> <p>20 substance Schedule II -- those would all have</p> <p>21 the same operating procedure with regard to how</p> <p>22 they handle those drugs?</p> <p>23 A. In the same business units, yes.</p> <p>24 Q. Same business units?</p>

<p style="text-align: right;">Page 58</p> <p>1 A. Yeah.</p> <p>2 Q. Meaning what?</p> <p>3 A. Well, we had other business units</p> <p>4 that we acquired over time. We had bought a</p> <p>5 distribution business in China, so they may have</p> <p>6 different operating procedures according to</p> <p>7 their regulations in China.</p> <p>8 Q. Sure.</p> <p>9 Kind of like the Puerto Rico</p> <p>10 distribution center and some of the issues there</p> <p>11 were different than the United States --</p> <p>12 A. Yep. Puerto Rico had some</p> <p>13 different requirements based on local laws.</p> <p>14 Q. But within the United States,</p> <p>15 within the -- there were 27 distribution centers</p> <p>16 in the United States?</p> <p>17 A. I don't recall the exact number.</p> <p>18 I know that it's somewhere between 20 and 30,</p> <p>19 but it's possible it's 27. I don't recall.</p> <p>20 Q. And to your knowledge, they -- if</p> <p>21 they had a vault, if they were distributing</p> <p>22 controlled substances -- Schedule II controlled</p> <p>23 substances, they would be following the same</p> <p>24 standard operating procedures as to those?</p>	<p style="text-align: right;">Page 60</p> <p>1 A. Okay.</p> <p>2 Q. Okay. So the question, then, is:</p> <p>3 Within -- and we can just say The Continental</p> <p>4 United States, I think, to really capture it as</p> <p>5 well as I need to -- within The Continental</p> <p>6 United States, the distribution centers all</p> <p>7 acted under the same standard operating</p> <p>8 procedures as one another?</p> <p>9 A. The pharmaceutical distribution</p> <p>10 centers operate under similar procedure -- under</p> <p>11 the same procedures.</p> <p>12 Q. So, for instance, the facility --</p> <p>13 the distribution center in Auburn, Washington,</p> <p>14 has the same standard operating procedures as to</p> <p>15 pharmaceuticals as the distribution center in</p> <p>16 Wheeling, West Virginia?</p> <p>17 A. To the best of my knowledge,</p> <p>18 that's the case.</p> <p>19 Q. And you were supervising those</p> <p>20 distribution centers in your role as senior vice</p> <p>21 president of QRA?</p> <p>22 MS. WICHT: Object to the form of</p> <p>23 the question.</p> <p>24 A. They were -- those distribution</p>
<p style="text-align: right;">Page 59</p> <p>1 A. Only if it was noted in a</p> <p>2 procedure that somebody else had a different</p> <p>3 procedure.</p> <p>4 Q. Unless a distribution center said</p> <p>5 they had their own procedure, they followed the</p> <p>6 standard procedure?</p> <p>7 A. No. There may be specific reasons</p> <p>8 why -- like I use the example of China, the</p> <p>9 example of Puerto Rico.</p> <p>10 Q. Sure. But I want to stick with</p> <p>11 just the United States-based distribution</p> <p>12 centers. I understand that there may be other</p> <p>13 distribution centers across the world that have</p> <p>14 different rules for a variety of reasons. I'm</p> <p>15 focused solely on, and my question is only</p> <p>16 about, the distribution centers in the United</p> <p>17 States.</p> <p>18 A. Including Puerto Rico? Because</p> <p>19 Puerto Rico is part of the United States.</p> <p>20 Q. It is. It is. And I certainly</p> <p>21 don't intend to say that it's not. But because</p> <p>22 of local laws and local policies in Puerto Rico,</p> <p>23 I want to exclude that from this particular</p> <p>24 question. Okay?</p>	<p style="text-align: right;">Page 61</p> <p>1 centers, the compliance officers reported in</p> <p>2 to -- through the chain of command through -- in</p> <p>3 to somebody that reported in to me.</p> <p>4 Q. So it ultimately came to you,</p> <p>5 those decisions and compliance with those</p> <p>6 procedures?</p> <p>7 MS. WICHT: Object to the form of</p> <p>8 the question.</p> <p>9 A. It is part of my role to ensure</p> <p>10 that our company complies with our standard</p> <p>11 operating procedures and the regulations.</p> <p>12 Q. Okay. And so just like Auburn</p> <p>13 distribution center and Wheeling distribution</p> <p>14 center have the same standard operating</p> <p>15 procedure with regard to pharmaceuticals,</p> <p>16 Wheeling distribution center and Lakeland have</p> <p>17 the same standard operating procedures?</p> <p>18 A. To the best of my knowledge, they</p> <p>19 have the same standard operating procedures.</p> <p>20 Q. And that's been true from the day</p> <p>21 you started December 1st, 2009 until today, to</p> <p>22 your knowledge?</p> <p>23 A. To the best of my knowledge,</p> <p>24 that's the case.</p>

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1 MR. KROEGER: How long have we
2 been going?
3 VIDEOGRAPHER: 51 minutes.
4 MR. KROEGER: I don't know if now
5 is a good time. I know you have a
6 scheduled flight. That was the other
7 thing we weren't sure about this
8 morning. We were trying to remember.
9 You need to be out of here by when to
10 catch your flight?
11 MS. WICHT: I would say probably
12 4:30, if that's workable, but we're
13 happy to talk with you about it
14 throughout the day.
15 MR. KROEGER: Okay. All right.
16 Why don't we go off the record and take
17 a break.
18 MS. WICHT: Sure. Thank you.
19 VIDEOGRAPHER: Time is now 7:56.
20 Going off the record.
21 (Recess taken.)
22 VIDEOGRAPHER: Time is now 8:14.
23 Back on the record.
24

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1 BY MR. KROEGER:
2 Q. Mr. Quintero, I wanted to go back
3 to a couple things that you said. You mentioned
4 the \$25 million in capital investments over your
5 time at Cardinal.
6 A. I believe so.
7 Q. So that was 25 million in capital,
8 and that was since -- December of 2009, maybe
9 2010?
10 A. I think that was --
11 MS. WICHT: Object to the form of
12 the question.
13 A. I believe that some of those
14 investments were made before I got into Cardinal
15 Health, but I cannot tell you the exact time of
16 that.
17 Q. So, then, at least, like, 10,
18 maybe 11 or 12 years, that that \$25 million
19 capital investment has been spent?
20 MS. WICHT: Object to the form of
21 the question. Mischaracterizes his
22 prior testimony.
23 A. I cannot tell you the exact
24 amount. Sorry.

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1 Q. But you did say, though, that it
2 went -- precedes your time starting there, so
3 it -- you can say that it's at least the time
4 that you've been there that 25 million capital
5 investment has been spent?
6 MS. WICHT: Object to the form of
7 the question.
8 Q. That's your testimony so far?
9 A. From the time that I've been
10 there, I believe -- I don't recall the exact
11 amount, but I recall that we have invested
12 significant amount of money in our
13 anti-diversion program.
14 Q. Earlier in your testimony, though,
15 was that it was around 25 million; that was the
16 number that you said, correct?
17 MS. WICHT: Object to the form of
18 the question. Mischaracterizes.
19 A. To the best of my knowledge,
20 around \$25 million have been invested in capital
21 as part of our anti-diversion program. I cannot
22 tell you the beginning or the end date of that.
23 Q. Okay. And so can you explain to
24 the jury what that capital investment of

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1 \$25 million was.
2 MS. WICHT: Object to the form of
3 the question.
4 A. We have invested in an electronic
5 monitoring system. We invested in an
6 anti-diversion centralization system. We have
7 invested in analytical tools to evaluate
8 customers. We have invested in software. We
9 have invested in physical security at our
10 distribution centers.
11 Q. When you say "physical security,"
12 are you talking about the cages and vaults?
13 A. Cages, vaults, cameras. Reports
14 that we generate for the distribution personnel.
15 Q. When you talked about the
16 electronic monitoring system, what is that?
17 A. The electronic monitoring system
18 that we use to monitor orders.
19 Q. So software?
20 A. It is software. It is -- they use
21 codes.
22 Q. Algorithms?
23 A. Algorithms.
24 Q. And is that something you got

<p style="text-align: right;">Page 66</p> <p>1 through Deloitte, for instance?</p> <p>2 MS. WICHT: Object to the form of</p> <p>3 the question.</p> <p>4 A. I don't recall who was the person</p> <p>5 who developed the electronic monitoring system.</p> <p>6 Q. Was Deloitte a company that you</p> <p>7 believed that \$25 million -- part of that \$25</p> <p>8 million capital investment would have gone to?</p> <p>9 MS. WICHT: Object to the form of</p> <p>10 the question.</p> <p>11 A. We have used Deloitte in parts of</p> <p>12 our anti-diversion program.</p> <p>13 Q. Which parts?</p> <p>14 A. The parts that I can talk to is</p> <p>15 the part where I used them. I used them for</p> <p>16 project management on some improvements that we</p> <p>17 wanted to our anti-diversion program.</p> <p>18 Q. And how much do you think that</p> <p>19 Cardinal spent on Deloitte's services?</p> <p>20 A. I don't recall.</p> <p>21 Q. Do you have a ballpark that you --</p> <p>22 MS. WICHT: Object to the form of</p> <p>23 the question.</p> <p>24 A. I don't recall.</p>	<p style="text-align: right;">Page 68</p> <p>1 Q. Any. I don't -- I -- I'm trying</p> <p>2 to learn more about the inner workings of</p> <p>3 Cardinal so I understand how things function and</p> <p>4 don't. So to that extent I don't know what kind</p> <p>5 of reports.</p> <p>6 Let me say it this way: You</p> <p>7 said -- in a declaration you mentioned at some</p> <p>8 point that you had a dotted line connection</p> <p>9 to -- or dotted line reporting, dotted line</p> <p>10 relationship to Mike Kaufmann.</p> <p>11 A. I don't believe I said that today.</p> <p>12 Q. Not today, no, no, no. I think it</p> <p>13 was a dec -- the declaration that you have in</p> <p>14 front of you. I can find it. But do you think</p> <p>15 that you've never had a dotted line</p> <p>16 relationship --</p> <p>17 A. I --</p> <p>18 MS. WICHT: Go ahead. Sorry. I</p> <p>19 was looking at the document. Maybe you</p> <p>20 can repeat the question so we know what</p> <p>21 it is.</p> <p>22 Q. Currently, are you saying that</p> <p>23 you've never previously had a dotted line</p> <p>24 relationship to Mike Kaufmann?</p>
<p style="text-align: right;">Page 67</p> <p>1 Q. Have you ever had to send those</p> <p>2 numbers to anyone else in Cardinal?</p> <p>3 MS. WICHT: Object to the form of</p> <p>4 the question.</p> <p>5 A. Trying to recollect, but I don't</p> <p>6 recall.</p> <p>7 Q. Ever send the numbers or</p> <p>8 expenditures for Deloitte to Mike Kaufmann, for</p> <p>9 instance?</p> <p>10 A. It's possible, but I don't</p> <p>11 recollect.</p> <p>12 Q. You sent -- you did send</p> <p>13 expenditures to Mike Kaufmann, though, over your</p> <p>14 time there, didn't you?</p> <p>15 MS. WICHT: Object to the form of</p> <p>16 the question.</p> <p>17 A. My expenditures were approved by</p> <p>18 my boss, Craig Morford, not by Mike Kaufmann.</p> <p>19 Q. Did you ever have an opportunity</p> <p>20 to send reports of any sort to Mike Kaufmann?</p> <p>21 MS. WICHT: Object to the form of</p> <p>22 the question.</p> <p>23 A. What kind of reports are you</p> <p>24 talking here?</p>	<p style="text-align: right;">Page 69</p> <p>1 A. I don't believe I said that.</p> <p>2 Q. Okay. So you have had a dotted</p> <p>3 line relationship to Mike Kaufmann?</p> <p>4 A. I had a dotted line to Mike</p> <p>5 Kaufmann.</p> <p>6 Q. And what does that mean?</p> <p>7 A. That I was supposed to give him</p> <p>8 updates on our quality programs and provide him</p> <p>9 advice on quality and regulatory compliance to</p> <p>10 him.</p> <p>11 Q. And was he the chief financial</p> <p>12 officer at the time you had that dotted line</p> <p>13 connection?</p> <p>14 A. No.</p> <p>15 Q. What was his position when you had</p> <p>16 that?</p> <p>17 A. He was the chief executive officer</p> <p>18 of the pharmaceutical segment. I have never</p> <p>19 reported to anybody in the finance organization.</p> <p>20 Q. Aside from what you mentioned</p> <p>21 already about Deloitte sometimes helping you</p> <p>22 with presentations and the like -- is that what</p> <p>23 you said?</p> <p>24 A. I didn't say "presentations." I</p>

<p style="text-align: right;">Page 70</p> <p>1 said "project management." 2 Q. Project management. 3 What else did Deloitte do for 4 Cardinal? 5 MS. WICHT: Object to the form of 6 the question. 7 A. During the time that I was there, 8 their primary role was project management. They 9 also provided, you know, labor that could help 10 us, either do calculations or evaluate certain 11 things. 12 Q. Do you recall which projects 13 Deloitte worked on? 14 A. Not all. I recall they worked for 15 me in some of the improvements that I wanted to 16 make on the anti-diversion program. 17 Q. Okay. So within the 18 anti-diversion program, what were the projects 19 they worked on for you? 20 A. We were working on developing a 21 threshold methodology using additional 22 information that we had collected. 23 Q. Can you explain that to me? I 24 don't -- what is the threshold methodology you</p>	<p style="text-align: right;">Page 72</p> <p>1 that that pharmacy fills. 2 Q. So it could be oxycodone, but it 3 also could be albuterol? 4 A. It could be oxycodone. It could 5 be albuterol. It could be a beta-blocker. It 6 could be a Lipitor. 7 Q. And then with regard to the 8 national average, rather than me assuming I 9 know, what did Deloitte help you with in terms 10 of the national average, or how was that 11 employed? 12 MS. WICHT: Object to the form of 13 the question. 14 A. Deloitte didn't provide the 15 national average. I got that information from 16 other sources. 17 Q. What sources? 18 A. IMS. 19 Q. Okay. Any other sources? 20 A. We got additional information on 21 national averages from Symphony. 22 Q. Symphony, is that a consulting 23 firm? I don't know what Symphony is. 24 A. Symphony is the data -- as I know</p>
<p style="text-align: right;">Page 71</p> <p>1 and Deloitte were able to come up with? What 2 was it? 3 A. Well, I don't think Deloitte came 4 up with. I mean, we provided the information -- 5 some of the information to Deloitte and they 6 helped us develop some of the principles of our 7 threshold methodology. 8 Q. Which principles? 9 A. Is that we are using script counts 10 from the pharmacy and national averages and 11 standard deviations to establish thresholds. 12 Q. What's a script count? I think I 13 know what a national average is, but what's a 14 script count? 15 A. Is when you go to a pharmacy with 16 a script, that's one script. If a hundred 17 people go to a pharmacy to fill the script, 18 that's a hundred scripts. 19 Q. And script counts for all 20 prescriptions that a pharmacy fills or for a 21 particular section of scripts, such as for 22 controlled substances? 23 A. The script count is the total 24 script count, which is all of the prescription</p>	<p style="text-align: right;">Page 73</p> <p>1 them, it's a data collection firm. I do not 2 know all the businesses that they have, but they 3 provide data to customers. 4 Q. What data do they provide to 5 Cardinal? 6 A. They provided data on script 7 counts, on average dispensing of controlled 8 substances for different drug families. 9 Q. Anything else? 10 A. Not that I recall at this point in 11 time. 12 Q. So you talked about the script 13 counts, the national average that Deloitte 14 helped you bring into a new threshold 15 methodology; is that accurate? 16 A. The primary role of Deloitte was, 17 you know, project management and they provided 18 additional resources as we required them. But 19 they work under our direction. 20 Q. What other projects do they work 21 on? 22 A. Projects on different aspects of 23 our anti-diversion program, but if you ask me 24 the details at this point in time, I don't</p>

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1 recall all of the products that they worked. I
2 can tell you --

3 Q. Can you tell me the ones you do?

4 A. The one that are most significant
5 to me was our project of establishing a new
6 threshold methodology.

7 Q. And when was that new threshold
8 methodology?

9 A. It was a process that probably
10 started in -- sometime in 2012, but I don't
11 remember the exact date.

12 Q. And when did that project get
13 completed?

14 A. We're continuously looking at how
15 to improve our system, so I cannot tell you
16 after my departure in 2015 if other changes were
17 made.

18 Q. So at the time you shifted anti --
19 at the time that anti-diversion was no longer
20 under you in 2015, was Deloitte still assisting
21 with the threshold methodologies?

22 A. I don't believe so.

23 Q. Any other projects you recall
24 Deloitte working on?

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1 A. Not that I recall.

2 Q. Who did your algorithms?

3 MS. WICHT: Object to the form of
4 the question.

5 A. Can you elaborate on that?

6 Q. You talked about algorithms
7 briefly. Did you come up with the algorithms
8 yourself?

9 MS. WICHT: Object to the form of
10 the question.

11 A. No, we did not come up with the
12 algorithms ourselves. It was a combination --
13 it was an evolution. We used some internal
14 statisticians in our department. We also hired
15 a mathematician.

16 Q. Do you recall who that was?

17 A. Her first name was Jen Marie. She
18 is no longer with the company. She moved out of
19 state.

20 We also used -- we validated some
21 of our models through a college professor at
22 Ohio State.

23 Q. Is that the same college professor
24 who worked on Generation Rx?

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1 A. I believe it is a different
2 person.

3 Q. Do you recall who?

4 A. I don't recall his name. I mean,
5 most of the dealings with that college professor
6 was done by our anti-diversion team.

7 We also hired a company called
8 Healthcare Advising.

9 Q. Who are they?

10 A. They're an outfit out of San
11 Antonio, Texas.

12 Q. What do they do?

13 A. They do -- they advise the company
14 on healthcare, and they had some capabilities on
15 statistics.

16 Q. When did you first work with
17 Healthcare Advising?

18 A. The exact period of time, I don't
19 recall. It had to be between '12 -- '07 and '12
20 or '07 and '13, in that period of time.

21 Q. And do you recall for how long you
22 worked with Healthcare Advising?

23 A. I don't recall the exact
24 engagement period that they worked for us.

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1 Q. Any other projects that Deloitte
2 worked on?

3 A. I believe you asked me that
4 question already, and I don't recall any other
5 projects.

6 Q. Did you ever work with Dendrite?

7 A. We used their services.

8 Q. What services of theirs did you
9 use?

10 A. To the best of my knowledge, we
11 used them to do field inspections.

12 Q. Can you explain that to me,
13 please.

14 A. Inspections or reviews of
15 pharmacies in the field. Customers.

16 Q. So Dendrite would send individuals
17 out to do a site visit; is that what you mean?

18 A. Yes.

19 Q. What kind of oversight did
20 Cardinal have of Dendrite personnel?

21 MS. WICHT: Object to the form of
22 the question.

23 A. Those people were supervised by
24 one of their supervisors, but they provided

<p style="text-align: right;">Page 78</p> <p>1 different work of site visits. 2 Q. Framework of -- I'm sorry. I 3 didn't understand. 4 A. Of the site visits. 5 Q. Of the site visits, okay. 6 So they would provide the 7 framework of the site visits? 8 A. (Nods head.) 9 Q. What does that mean? Does that -- 10 MS. WICHT: Object to the form of 11 the question. 12 Sorry. Go ahead. 13 I don't know who -- you said 14 "they" in your question, and it's not 15 clear to me that we're all talking about 16 the same person. 17 MR. KROEGER: Yeah. 18 BY MR. KROEGER: 19 Q. You were talking about Dendrite, 20 and the role -- and I was asking about the role 21 that they played in site visits. I was also 22 asking about what oversight Cardinal had of 23 Dendrite personnel and what specifically 24 Dendrite personnel did with regard to site</p>	<p style="text-align: right;">Page 80</p> <p>1 the question. 2 A. The word "delegation" is probably 3 not the right -- we used their services to help 4 us complete a number of visits. We didn't 5 delegate. We used their services. 6 Q. Was it Cardinal personnel that was 7 performing the site visits, or was it Dendrite 8 personnel? 9 A. We had both. We have our own 10 personnel, and we used the services from 11 Dendrite at that time, I believe, to help us 12 perform some of the visits. 13 Q. And was that because Cardinal 14 didn't have sufficient personnel to do all the 15 site visits needed on their own? 16 MS. WICHT: Object to the form of 17 the question. 18 A. It was because we were reacting to 19 changes in the regulatory environment, and there 20 were some additional visits that we wanted to 21 perform in a short period of time, so we used 22 outside resources to assist us with that. 23 Q. Okay. So the first question I 24 have about that is: What period of time are we</p>
<p style="text-align: right;">Page 79</p> <p>1 visits. And so my understanding is that you 2 said that Dendrite employees would provide a 3 framework for the site visits. Is that 4 accurate? 5 A. No, I did not say that. 6 Q. Okay. 7 A. They provide the services of doing 8 the site visit. We provided the forms that they 9 had to complete during site visits and we 10 provided the list of the customers that we 11 wanted them to visit. 12 Q. When you say you provided the 13 forms, you mean physical forms, Cardinal would 14 provide paper forms that Dendrite personnel 15 would then go to a pharmacy and fill out? 16 A. It could be paper, it could be 17 electronic forms. 18 Q. But a questionnaire of sorts that 19 they would have to answer? 20 A. They would be the forms that we 21 use to document our customer visits. 22 Q. And when is it that Cardinal began 23 to delegate site visits to Dendrite personnel? 24 MS. WICHT: Object to the form of</p>	<p style="text-align: right;">Page 81</p> <p>1 talking about that Dendrite was assisting you, 2 Cardinal, with site visits? 3 A. To the best of my knowledge, they 4 were involved with some of our site visits from 5 sometime in 2012 and sometime in 2013, but I 6 don't recall the exact dates. 7 Q. And you said this was due to 8 changes in the regulatory environment. What 9 were the changes in the regulatory environment 10 that led Cardinal to decide we need to hire or 11 bring on Deloitte -- or Dendrite personnel to 12 assist us in site visits? 13 A. Where we follow, you know, what's 14 going on in the public media, so we understand 15 there's, you know, an increase in use of certain 16 drugs in certain markets. We may ask our team 17 to go to those markets and review the stores 18 that we have as customers or that we have 19 concerns. 20 Q. Maybe I missed it, but I don't 21 understand where in your answer you talked about 22 changes in the regulatory environment. 23 A. Well, there's changes in -- have 24 been changes in the expectations in the</p>

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1 regulatory environment over time. So -- and
2 expectations of pharmacies, expectations of
3 distributors.

4 Q. And what were the changes?

5 A. There have been changes over time.

6 Q. Okay. But specific to what we're
7 talking about right at this moment, is there's a
8 point in time, you think it's in 2012 to
9 sometime in 2013 -- you're not certain of the
10 dates -- but in that two-year period, you said
11 that Cardinal enlisted assistance from Dendrite
12 to do site visits because there were changes in
13 the regulatory environment. So those are the
14 specific changes I'm asking about right now.

15 What were those changes in 2012
16 and '13 that you're talking about?

17 MS. WICHT: Object to the form of
18 the question.

19 A. Some of the changes is the
20 expectations that the agency had with us and
21 other registrants.

22 Q. The agency, being the DEA?

23 A. DEA.

24 Q. Drug Enforcement Agency of the

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1 United States?

2 A. (Nods head.)

3 Q. Is that a yes?

4 A. Yes.

5 Q. Sorry. That's just for the
6 record. Sometimes we have the nods of the head,
7 which the camera will catch it but the
8 transcript won't.

9 So what were the changes in
10 expectations that the agency had with Cardinal
11 and other registrants in 2012 and '13?

12 A. One of the changes that I recall,
13 we had an understanding with the DEA that we
14 will investigate threshold events, and if we
15 found that those threshold events resulted in
16 customer that had the potential for diversion,
17 that they wanted us to communicate those to
18 them.

19 Q. So your testimony today is that
20 sometime in 2012 or 2013, the DEA, for the first
21 time, said that Cardinal and other registrants
22 need to investigate threshold events, and if
23 they find that a customer has a potential for
24 diversion, they need to report that to the DEA?

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1 A. When we terminated the customer.

2 MS. WICHT: Object to the form of
3 the question.

4 Q. Say again?

5 A. Is when the termination of that
6 particular customer, they wanted us, based on
7 the communications between my staff and the DEA,
8 that's the information that they wanted us to
9 communicate as suspicious order. Later in time,
10 we learned that the agency had changed their
11 expectations and they wanted to know every
12 single order that hit a threshold event after a
13 small investigation, had to be communicated to
14 them.

15 Q. So it's the every single threshold
16 event after a small investigation has been
17 communicated to the DEA, that's the change that
18 occurred in 2012 and '13?

19 A. That's the -- yes.

20 Q. And what was the small
21 investigation that would have to occur after a
22 threshold event?

23 A. Is like a quick review of the
24 customer order to determine whether the customer

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1 was likely due to a typographical error, and we
2 were, you know, expected to make a decision very
3 quickly. And if we could not resolve that order
4 in a short period of time, we had to report it
5 to the DEA and continue our investigation in
6 regards to the customer, because that takes a
7 longer period of time.

8 Q. And this review, this short
9 investigation, where did that occur?

10 MS. WICHT: Object to the form of
11 the question.

12 A. That review of investigation
13 occurs as part of our electronic monitoring
14 system with the personnel that is responsible
15 for that.

16 Q. And so do you recall, who at the
17 DEA communicated this change to Cardinal?

18 A. The initial agreement between
19 Cardinal Health and the DEA occurred between --
20 to the best of my knowledge, between Michael
21 Moné, Barbara Boockholdt, Sue Langston, and Nick
22 Rausch, I believe, was at that meeting, too.

23 Q. But you were not?

24 A. I was not. That was before I

<p style="text-align: right;">Page 86</p> <p>1 joined Cardinal Health.</p> <p>2 Q. So there was a meeting with those</p> <p>3 four individuals you just named. Nick Rausch</p> <p>4 and Michael Moné are the two Cardinal</p> <p>5 representatives?</p> <p>6 A. That is my understanding.</p> <p>7 Q. And when you started, was it</p> <p>8 conveyed to you that this is a new change we</p> <p>9 have?</p> <p>10 A. My understanding was these are the</p> <p>11 expectations from the agency, that we evaluate</p> <p>12 orders, determine if the customer had the</p> <p>13 potential to divert the order, and our practice</p> <p>14 was: Terminate the customer and communicate</p> <p>15 that termination to the DEA.</p> <p>16 Q. And so what I'm confused about now</p> <p>17 is that you're talking about a meeting prior to</p> <p>18 you joining Cardinal between Michael Moné, Nick</p> <p>19 Rausch and the DEA, correct?</p> <p>20 A. Correct.</p> <p>21 Q. And that is in response to me</p> <p>22 asking you about the regulatory changes that</p> <p>23 took place in 2012 and '13 that required</p> <p>24 Cardinal Health to employ Dendrite to assist in</p>	<p style="text-align: right;">Page 88</p> <p>1 that met the regulatory requirements.</p> <p>2 Q. And that was at a meeting prior to</p> <p>3 you joining Cardinal?</p> <p>4 A. That was the meeting that occurred</p> <p>5 before I joined Cardinal Health.</p> <p>6 Q. And did you ever see any agreement</p> <p>7 in writing between the DEA and Cardinal with</p> <p>8 regard to that meeting?</p> <p>9 A. I did not see any agreement in</p> <p>10 writing, but I got a consistent message from</p> <p>11 Michael, from Bob Giacalone, from Mr. Morford</p> <p>12 that that was our agreement with the agency, so</p> <p>13 we needed to make sure that we keep compliant</p> <p>14 with that agreement.</p> <p>15 Q. And as the supervisor of</p> <p>16 anti-diversion, you didn't confirm that in</p> <p>17 writing?</p> <p>18 MS. WICHT: Object to the form of</p> <p>19 the question.</p> <p>20 A. I believe the information that was</p> <p>21 provided by my staff, by our senior legal</p> <p>22 regulatory counsel, and by my boss.</p> <p>23 Q. And what I'm still trying to</p> <p>24 understand is, this meeting occurred before you</p>
<p style="text-align: right;">Page 87</p> <p>1 site visits?</p> <p>2 A. Well, we had --</p> <p>3 MS. WICHT: Object to the form of</p> <p>4 the question.</p> <p>5 A. -- we had a regulatory action from</p> <p>6 the agency in 2012. So that was definitely --</p> <p>7 there was a change in the expectation from the</p> <p>8 agency from what we had done before, which had</p> <p>9 been reviewed in numbers of time, not only by</p> <p>10 the meeting the DEA had at our corporate</p> <p>11 headquarters, but also during dozens of cyclical</p> <p>12 inspections. We did not express concern until</p> <p>13 we received the administrative action from the</p> <p>14 agency.</p> <p>15 Q. So Cardinal Health was</p> <p>16 communicated changes -- regulatory changes that</p> <p>17 the DEA expected in -- prior to December 1st,</p> <p>18 2009, when Michael Moné and Nick Rausch meets</p> <p>19 with the DEA, correct?</p> <p>20 A. We presented the program that we</p> <p>21 had for anti-diversion, our intent on how to</p> <p>22 execute the program. And my understanding was</p> <p>23 that there was an agreement that the program</p> <p>24 fulfilled the expectations of the agency and</p>	<p style="text-align: right;">Page 89</p> <p>1 joined Cardinal on December 1st, 2009. And in</p> <p>2 that meeting was conveyed to Cardinal that the</p> <p>3 DEA had additional expectations with regard to</p> <p>4 reporting threshold events after a small</p> <p>5 investigation, correct?</p> <p>6 MS. WICHT: Object to the form of</p> <p>7 the question.</p> <p>8 A. My understanding of what occurred</p> <p>9 in the meeting was we provided a presentation to</p> <p>10 two members of the Drug Enforcement</p> <p>11 Administration. That presentation was an</p> <p>12 overview of our anti-diversion program and our</p> <p>13 suspicious order monitoring program. And the</p> <p>14 agency didn't have any objections, didn't have</p> <p>15 any concerns with the way that we were executing</p> <p>16 our program.</p> <p>17 Q. But I thought you said that this</p> <p>18 meeting -- we're talking about one meeting that</p> <p>19 happened before you got there, just to be clear,</p> <p>20 there's only one meeting we're talking about</p> <p>21 between Michael Moné, Nick Rausch, as</p> <p>22 representatives of Cardinal, and the DEA.</p> <p>23 I thought your testimony earlier</p> <p>24 was that at that meeting the DEA conveyed to</p>

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1 Cardinal regulatory changes, in particular, that
 2 upon a threshold event, Cardinal would do a
 3 small investigation and then report to the DEA
 4 if a customer had to be terminated?
 5 MS. WICHT: Object to the form of
 6 the question.
 7 A. That's incorrect. I didn't say
 8 that.
 9 Q. Okay.
 10 A. I didn't say that. I think as a
 11 result of the regulatory action that we had in
 12 2012, those were new expectations that were
 13 communicated to us.
 14 Q. Okay. So you're testifying that
 15 in 2009 -- well, I'm sorry. Before you joined
 16 Cardinal in 2009, there was a meeting between
 17 Michael Moné, Nick Rausch and the DEA, and at
 18 that meeting, there weren't new expectations --
 19 new regulatory changes that were conveyed to
 20 Cardinal. That's your testimony now?
 21 MS. WICHT: Object to the form of
 22 the question.
 23 A. That is not what I said. What I
 24 said was, there was a meeting between

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1 representative from DEA and Cardinal Health,
 2 where Cardinal Health presented our suspicious
 3 order monitoring program to the agency. As we
 4 were executing the program at that time, the
 5 agency appeared to be satisfied with our
 6 execution of the program, did not express any
 7 concern.
 8 Also, that program has been
 9 presented to the agency during multiple
 10 inspections of our distribution centers. And to
 11 the best of my knowledge, there has not been a
 12 single concern about that until we got the
 13 administrative action in 2012.
 14 Q. And so between your start date of
 15 December 1st, 2009 and the action in 2012 --
 16 early February, 2012, does that sound --
 17 A. Sounds about right.
 18 Q. -- sounds about right?
 19 Between December 1, 2009 and early
 20 February 2012, did you ever have any contact
 21 with the DEA to determine if the suspicious
 22 order monitoring program of Cardinal was in line
 23 with their expectations?
 24 A. I personally did not have a

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1 meeting with DEA. Members of my staff did.
 2 Michael Moné, I believe, was in routine
 3 communication with Barbara Boockholdt and other
 4 members of the DEA. I also attended, you know,
 5 presentations from the DEA but never had
 6 personal interaction with the agency.
 7 Michael had most of those
 8 interactions, and Steve Reardon and some other
 9 members of my staff.
 10 Q. How about above you? Did Craig
 11 Morford ever have conversations or contact with
 12 the DEA, to your knowledge?
 13 A. I would speculate if I say yes or
 14 no. I don't know that.
 15 Q. So you're not aware of any time
 16 that he did?
 17 MS. WICHT: Object to the form of
 18 the question.
 19 A. During that period of time, I
 20 would not be able to recall.
 21 Q. All right. Well, during the
 22 period of time that you've been with Cardinal,
 23 from December 1st, 2009, are you aware of any
 24 time that Craig Morford had contact with the

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1 DEA?
 2 A. I have personally not been in any
 3 of the meetings that either Craig or somebody
 4 else may have with personnel from the DEA.
 5 Q. Okay. And maybe you weren't
 6 present, but I'm asking right now if you're
 7 aware of any meetings between Craig Morford and
 8 the DEA.
 9 A. I believe there was a meeting --
 10 one meeting between Cardinal Health and DEA
 11 where we made another presentation of our
 12 program. And my understanding was Craig may
 13 have been there. I'm not 100 percent sure. I
 14 know Todd Cameron was there.
 15 Q. And when was that?
 16 A. I cannot tell the date, but it
 17 could be '15 to '17. But I don't even recall if
 18 I was involved with the program at that time or
 19 not.
 20 Q. And do you know who from the DEA
 21 was involved?
 22 A. I'm trying to recollect if I
 23 remember. I'm not very good with names. But I
 24 do not recall from the top of my head.

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1 Q. Is it fair to say, then, if you
2 can't recall, that at least it wasn't Barbara
3 Boockholdt?

4 MS. WICHT: Object to the form of
5 the question.

6 A. I don't recall. I mean -- or they
7 didn't tell me who was there, or I don't recall
8 if Barbara was there or not.

9 Q. Okay. That's fair.

10 So we -- I want to go back because
11 I still don't think I have a full understanding
12 of what it was in 2012 that was communicated to
13 Cardinal that led Cardinal to employ the
14 services of Dendrite to assist with site visits.

15 A. Our understanding was that the
16 agency expectations and definition on suspicious
17 orders had changed.

18 Q. In what way?

19 A. In the past, the program that we
20 presented to the agency, which the agency had no
21 objection, was that when we had a threshold
22 event, we had to investigate the threshold event
23 if we concluded that the customer had posed a
24 risk for diversion or we couldn't conclude

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1 that -- at that point in time, after an
2 investigation, that we should report that
3 customer as suspicious.

4 The expectations changed in 2012
5 were the time frame that we were allowed to do
6 an investigation, and the agency decided that
7 each threshold event, after a quick
8 investigation -- when I say "quick
9 investigation," is a very short period of time
10 to be communicated to them as a suspicious
11 order, even though that threshold event not
12 necessarily met all of the requirements of a
13 suspicious order.

14 Q. So what kind of threshold events
15 would not meet the requirements of a suspicious
16 order?

17 MS. WICHT: Object to the form of
18 the question.

19 A. For example, we're reporting them
20 as suspicious, but is a pharmacist going on
21 holiday weekend and he ordered twice as many
22 drugs because he's not going to be at the site
23 to order the drugs the next week? I mean, that
24 will -- potentially could hit a threshold event.

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1 Q. Could potentially also signal that
2 a number of people have decided they want to buy
3 a bunch of oxycodone for a party on the weekend,
4 couldn't it?

5 MS. WICHT: Object to the form of
6 the question.

7 A. Not necessarily.

8 Q. Not necessarily, but it could,
9 couldn't it?

10 MS. WICHT: Object to the form of
11 the question.

12 A. Not necessarily. Everything is
13 possible, but it's not necessarily. So we want
14 to do an investigation on that customer to look
15 at the fact on why there was an increase in
16 order, and we want -- that takes time. But with
17 our current system and the current expectations
18 of the agency, we report those as suspicious.

19 Q. You said you want to investigate
20 those but that takes time. I don't understand.
21 What kind of time does it take to find out if a
22 threshold event is suspicious or not?

23 A. It takes -- to determine if the
24 order is likely to be diverted, it takes time.

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1 It takes some time, customer visit. It takes
2 time interacting with the customer. It takes
3 time maybe having a salesperson drive by to get
4 additional information.

5 It takes time to evaluate an order
6 and determine whether Cardinal Health feels
7 comfortable either filling that order or we
8 decide to -- not to longer do business with that
9 particular customer because it poses a risk of
10 diversion.

11 Q. And in order to meet that
12 requirement, Cardinal employed Dendrite to
13 assist with site visits?

14 MS. WICHT: Object to the form of
15 the question.

16 A. We used Dendrite to help us to --
17 more site visits so we can have more recent
18 information on our customer.

19 MR. KROEGER: There's someone on
20 the phone who is not muted. If you
21 could please mute.

22 Q. But prior to 2012, you did not use
23 Dendrite to assist with site visits, correct?

24 A. During the time that I was there

<p style="text-align: right;">Page 98</p> <p>1 in 2009 to 2012, I don't recall us using 2 Dendrite. That doesn't necessarily mean that we 3 had not used them, but I don't recall.</p> <p>4 Q. But your testimony is that, to 5 your knowledge, Dendrite was employed by 6 Cardinal in order to assist with this new 7 requirement from the DEA that threshold events 8 get a fast investigation?</p> <p>9 MS. WICHT: Object to the form of 10 the question.</p> <p>11 A. Not -- not for that. It was to 12 assist us to do -- we wanted to have more site 13 visits done. We wanted to refresh all of our 14 files, so we used Dendrite to help us do 15 additional visits.</p> <p>16 Q. And you say you wanted, but in 17 2012, didn't the DEA tell you that you had to do 18 those site visits within 120 days?</p> <p>19 A. I don't recall the terms of the 20 agreement. It could be in the agreement, but I 21 would have to review the agreement to say if 22 that was the case.</p> <p>23 Q. Okay. We can do that. 24 But your testimony so far is that</p>	<p style="text-align: right;">Page 100</p> <p>1 and every single suspicious order was reported 2 to the agency, based on the understanding that 3 we had at the time.</p> <p>4 Q. What was that understanding?</p> <p>5 A. I already explained to you the 6 understanding that we had of investigating the 7 order, investigating the customer, and if we 8 deemed that a customer had the potential for -- 9 to pose a risk for diversion to -- the agency 10 wanted to know that suspicious order and that 11 suspicious customer that was terminated.</p> <p>12 Q. But suddenly in 2012 Cardinal had 13 a greater desire to do site visits than it had 14 in 2010 and '09 -- or 2010 and '11; is that 15 right?</p> <p>16 A. Well, we had --</p> <p>17 MS. WICHT: Object to the form of 18 the question.</p> <p>19 A. We had a regulatory action, so to 20 me, the agency had changed the expectations on 21 how we executed the program. So we wanted to 22 make sure that we cover all the bases. We do 23 not want another regulatory action against 24 Cardinal Health, and we employ not only internal</p>
<p style="text-align: right;">Page 99</p> <p>1 you, Cardinal, that Cardinal employed Dendrite 2 to assist with these site visits because you 3 wanted to do more of them; is that correct?</p> <p>4 A. I believe that we wanted to do 5 more site visits.</p> <p>6 Q. And you think that this is 7 something that Cardinal decided on its own, its 8 own accord, to do more site visits in 2012; is 9 that your testimony?</p> <p>10 MS. WICHT: Object to the form of 11 the question.</p> <p>12 A. I can tell you as a member of the 13 management team, we wanted to do more site 14 visits. And even today, we continue to do a lot 15 of site visits.</p> <p>16 Q. And why is it -- strike that. 17 In 2010 and 2011, why is it that 18 Cardinal didn't have the same desire to visit 19 all the sites to which they sold controlled 20 substances that they did in 2012?</p> <p>21 MS. WICHT: Object to the form of 22 the question.</p> <p>23 A. We did plenty of site visits. We 24 investigated every single suspicious customer</p>	<p style="text-align: right;">Page 101</p> <p>1 resources, but external resources to make sure 2 that we not only met the expectations of the 3 agency, but that we exceeded those.</p> <p>4 Q. But Cardinal didn't have the same 5 desire to avoid that regulatory action or exceed 6 expectations of the DEA in 2010 or '11?</p> <p>7 MS. WICHT: Object to the form of 8 the question.</p> <p>9 A. That's not what I said.</p> <p>10 Q. But Cardinal decided to wait until 11 2012 to ask Dendrite to assist with site visits 12 across the country?</p> <p>13 A. Cardinal always had the same 14 desire to comply with all regulatory 15 requirements. That desire has never changed as 16 far as I know. At least since I joined the 17 company. I can attest to that. Our management 18 team has to have -- wants to have a good 19 regulatory record, which we have demonstrated 20 over many, many years.</p> <p>21 These regulatory actions that we 22 got in 2012 was a surprise to us because, to the 23 best of my knowledge, we were meeting the 24 expectations of the agency.</p>

<p style="text-align: right;">Page 102</p> <p>1 MS. WICHT: And if you would note 2 my objection to the form of the last 3 question. I didn't want to interrupt, 4 Mr. Quintero. Thank you. 5 BY MR. KROEGER: 6 Q. But, again, just to be clear, it 7 wasn't until 2012 when the regulatory action 8 commenced against Cardinal that Cardinal 9 decided, we want to and need to employ Dendrite 10 to assist with site visits across the country? 11 That's your testimony, correct? 12 MS. WICHT: Object to the form of 13 the question. 14 A. My testimony is that since I got 15 to Cardinal Health on December 1st, 2009, the 16 company intended to comply with all regulatory 17 requirements, including DEA regulations, and 18 that we executed a program that was presented to 19 the agency, that the agency accepted as a good 20 program, we executed according to those 21 expectations. 22 We did hundreds of visits. We cut 23 hundreds of customers during that period of time 24 before 2012. To the best of my knowledge, we</p>	<p style="text-align: right;">Page 104</p> <p>1 customers being cut, which most of them today 2 still have a DEA license to dispense product. 3 Q. How many customers does Cardinal 4 distribute controlled substances to? 5 A. I will speculate. I'm not 6 involved with that particular group now, so I 7 would be speculating on a number. 8 Q. Prior to 2012? 9 A. There were thousands of customers. 10 Q. Thousands. Tens of thousands? 11 MS. WICHT: Object to the form of 12 the question. 13 A. I wouldn't know the exact number. 14 So if I tell you a number, I would be 15 speculating. I would have to go and ask 16 somebody in the sales department to tell me the 17 exact number of customers that we have. 18 Q. Okay. Aside from assisting with 19 site visits in 2012, what else did Dendrite do 20 for Cardinal? 21 A. I'm trying to recollect. 22 To the best of my knowledge, that 23 was their primary services that they were 24 providing to Cardinal Health.</p>
<p style="text-align: right;">Page 103</p> <p>1 cut over 300 customers during that period of 2 time. 3 Q. And yet it wasn't until 2012 that 4 you -- that Cardinal realized it needed 5 assistance to conduct appropriate site visits? 6 MS. WICHT: Object to the form of 7 the question. Foundation. 8 Mischaracterizes. 9 A. We were always conducting 10 appropriate visits. We decided to increase the 11 number of site visits that we did because the 12 expectations of the agency appeared to have 13 changed and we were adapting to the changes in 14 expectations from the agency. 15 But in terms of whether or not we 16 were doing inspections according to the 17 expectations of the agency at that time, we were 18 doing hundreds of inspections. We dedicated 19 personnel to do those inspections. We used our 20 compliance officers to do inspections, too. And 21 we required our salespeople to notify us of any 22 concerns that they had with any customer. 23 And those inspections were 24 conducted and they resulted in over 300</p>	<p style="text-align: right;">Page 105</p> <p>1 Q. And to the best of your knowledge, 2 did that -- did those services end in 2012, '13, 3 or do they continue? 4 A. I think we have used them after 5 that, but since I was removed from the -- I 6 mean, I'm not in the department anymore managing 7 that particular area, I couldn't tell. But I 8 know that we have used them occasionally. 9 Q. So we've talked about Deloitte. 10 Dendrite. Health Advisory. 11 A. Uh-huh. 12 Q. What other outside organizations 13 has Cardinal used for anti-diversion assistance? 14 A. We used IBM Watson. 15 Q. What do you use IBM Watson for? 16 A. We use IBM Watson to help us 17 develop our anti-diversion -- it's called ADC. 18 It's -- 19 Q. It's called what? I'm sorry. 20 A. ADC. 21 Q. ADC. 22 A. ADC. Centralized system. I'm 23 trying to recall the meaning of each one of 24 those words.</p>

<p style="text-align: right;">Page 106</p> <p>1 Q. And what is that system?</p> <p>2 A. It is a centralized system where</p> <p>3 we have information about customers, we see</p> <p>4 threshold events that they had in the past. We</p> <p>5 can even have a street view of where the</p> <p>6 pharmacy is located to see the surroundings.</p> <p>7 Q. And that system -- the one benefit</p> <p>8 of a centralized system such as that is so that</p> <p>9 people who are at corporate headquarters in</p> <p>10 Dublin can determine if there are suspicious</p> <p>11 customers who may need to be shut down in Texas,</p> <p>12 right?</p> <p>13 MS. WICHT: Object to the form of</p> <p>14 the question.</p> <p>15 A. It is used to review customers and</p> <p>16 also to review customers' orders.</p> <p>17 Q. But the -- is it true, though,</p> <p>18 that having a centralized system in Dublin,</p> <p>19 Ohio, or a system that's accessible in Dublin,</p> <p>20 Ohio, the capital -- the headquarters of</p> <p>21 Cardinal, allows the executives at Cardinal to</p> <p>22 see what might be going on at distribution</p> <p>23 centers around the country?</p> <p>24 MS. WICHT: Object to the form of</p>	<p style="text-align: right;">Page 108</p> <p>1 they performed for us.</p> <p>2 Q. Any other outside agencies or</p> <p>3 corporations, companies that Cardinal has</p> <p>4 employed for anti-diversion?</p> <p>5 A. We had Avantha.</p> <p>6 Q. What's Avantha do for Cardinal?</p> <p>7 A. What Avantha did for Cardinal</p> <p>8 Health, they provided an expert in the field</p> <p>9 that will advise us on anti-diversion and any</p> <p>10 other trends that were going on in the</p> <p>11 regulatory environments regarding to DEA.</p> <p>12 Q. During what time period did</p> <p>13 Avantha provide such services?</p> <p>14 A. I don't recall the exact time. I</p> <p>15 will have to go back and look at the engagement.</p> <p>16 It could have been '12, '13, '14 and '15. I</p> <p>17 don't recall the exact time frame.</p> <p>18 Q. What other outside organizations</p> <p>19 or companies?</p> <p>20 A. We use Healthcare Advising.</p> <p>21 Q. What do they do?</p> <p>22 A. They provided assistance with</p> <p>23 developing a new threshold methodology with some</p> <p>24 of the information that we received from other</p>
<p style="text-align: right;">Page 107</p> <p>1 the question. Foundation.</p> <p>2 A. First, I mean, the activity of</p> <p>3 review of customers is done by different levels</p> <p>4 of employees. The executive -- like, I don't</p> <p>5 know what you call. I consider myself an</p> <p>6 executive. We generally are not involved in the</p> <p>7 day-to-day review of those threshold events.</p> <p>8 Q. But you have access to that</p> <p>9 information through the centralized system?</p> <p>10 A. I can ask one of the analysts in</p> <p>11 the group or one of the members of that team to</p> <p>12 provide me with that information that is there.</p> <p>13 Q. And that's one of the many ways</p> <p>14 that you supervise the anti-diversion programs</p> <p>15 within Cardinal?</p> <p>16 MS. WICHT: Object to the form of</p> <p>17 the question.</p> <p>18 A. One of the ways that I inquired</p> <p>19 about information that I may be interested at a</p> <p>20 particular time.</p> <p>21 Q. Okay. What else, besides the ADC,</p> <p>22 did IBM provide Cardinal?</p> <p>23 A. To the best of my knowledge --</p> <p>24 they may have done other things -- that's what</p>	<p style="text-align: right;">Page 109</p> <p>1 sources.</p> <p>2 Q. What other sources?</p> <p>3 A. Symphony or IMS or our own</p> <p>4 internal data.</p> <p>5 Q. What other outside organizations</p> <p>6 do you recall?</p> <p>7 A. We use also another organization,</p> <p>8 use Pharmacy Services or Pharmacy Solutions. I</p> <p>9 don't recall the name.</p> <p>10 Q. What services did they provide</p> <p>11 Cardinal?</p> <p>12 A. They provided resources to do --</p> <p>13 VIDEOGRAPHER: Counsel on the</p> <p>14 phone, could you put yourself on mute,</p> <p>15 please.</p> <p>16 BY MR. KROEGER:</p> <p>17 Q. I'm sorry. Could you repeat that</p> <p>18 answer, please.</p> <p>19 A. I don't recall the exact name, but</p> <p>20 it was Pharmacy Services or Pharmacy Solutions,</p> <p>21 one of the two. They provided resources,</p> <p>22 investigators, to do field visits.</p> <p>23 Q. Was this also in 2012 and '13?</p> <p>24 A. It was during 2012, '13. Could</p>

<p style="text-align: right;">Page 110</p> <p>1 have been '14, too.</p> <p>2 Q. Any other outside services</p> <p>3 Cardinal received?</p> <p>4 A. There could be others, but those</p> <p>5 are the ones that I recall, to the best of my</p> <p>6 knowledge.</p> <p>7 Q. Okay.</p> <p>8 MR. KROEGER: I think this is</p> <p>9 probably a good time for a quick break.</p> <p>10 MS. WICHT: Okay.</p> <p>11 VIDEOGRAPHER: Time is now 9:11.</p> <p>12 Going off the record.</p> <p>13 (Recess taken.)</p> <p>14 VIDEOGRAPHER: Time is now 9:33.</p> <p>15 Back on the record.</p> <p>16 BY MR. KROEGER:</p> <p>17 Q. Mr. Quintero, I just wanted to</p> <p>18 clarify something that we were going through, I</p> <p>19 think, a number of times.</p> <p>20 You were talking about the change</p> <p>21 in regulations -- the changing expectations of</p> <p>22 the DEA.</p> <p>23 A. Yeah. I never have spoken about</p> <p>24 changes in regulations. The regulations were</p>	<p style="text-align: right;">Page 112</p> <p>1 2012, was to report suspicious customers when</p> <p>2 Cardinal deemed appropriate to terminate them,</p> <p>3 and then a handful of other suspicious orders</p> <p>4 that you just couldn't figure out?</p> <p>5 MS. WICHT: Object to the form of</p> <p>6 the question.</p> <p>7 A. Based on the agreement that we</p> <p>8 have with the agency, our practice was, you</p> <p>9 know, customer would have threshold events,</p> <p>10 we'll investigate those threshold events, do an</p> <p>11 in-depth investigation, determine if the</p> <p>12 customer posed a risk of diversion, and if we</p> <p>13 determine that there was a potential for that,</p> <p>14 then we communicated that to the agency, we</p> <p>15 reported that.</p> <p>16 Q. Reported the customer?</p> <p>17 A. We reported the customer that had</p> <p>18 that order placed, that triggered the reason for</p> <p>19 us to look at the customer.</p> <p>20 Q. When you started at Cardinal, did</p> <p>21 anyone show you the Memorandum of Agreement with</p> <p>22 regard to the 2007-2008 events for Cardinal?</p> <p>23 A. I don't recall. I don't recall.</p> <p>24 Could have. Could have not, but I don't recall</p>
<p style="text-align: right;">Page 111</p> <p>1 established in 1971 and still basically the same</p> <p>2 regulations.</p> <p>3 Q. Right. But there was -- your</p> <p>4 testimony was that there was a change in the</p> <p>5 expectations of the agency with regard to</p> <p>6 Cardinal and other distributors, correct?</p> <p>7 A. That was my testimony, yes.</p> <p>8 Q. And prior to that change, Cardinal</p> <p>9 had been reporting to the DEA when there was a</p> <p>10 suspicious customer that Cardinal had determined</p> <p>11 they needed to terminate; is that right?</p> <p>12 A. Yes. And --</p> <p>13 MS. WICHT: Object to the form of</p> <p>14 the question.</p> <p>15 Go ahead.</p> <p>16 A. Yes. And in some examples also</p> <p>17 where we couldn't collect enough information to</p> <p>18 determine whether or not, you know, the customer</p> <p>19 was suspicious -- there was no reason to believe</p> <p>20 the customer was suspicious, but we didn't have</p> <p>21 enough information. So we reported some of</p> <p>22 those orders, too.</p> <p>23 Q. Okay. But generally speaking, the</p> <p>24 suspicious order policy of Cardinal, prior to</p>	<p style="text-align: right;">Page 113</p> <p>1 whether or not they show it to me.</p> <p>2 Q. Are you aware of what happened for</p> <p>3 Cardinal in 2007-2008?</p> <p>4 A. I believe --</p> <p>5 MS. WICHT: Object to the form of</p> <p>6 the question.</p> <p>7 A. I believe I read, before joining</p> <p>8 Cardinal, that had something to do with sales to</p> <p>9 Internet pharmacies.</p> <p>10 Q. And distribution centers having</p> <p>11 the registration suspended?</p> <p>12 A. That's my understanding.</p> <p>13 Q. But then when you started in</p> <p>14 December of 2009, no one, to your recollection,</p> <p>15 showed you the Memorandum of Agreement as to</p> <p>16 what Cardinal's duties were?</p> <p>17 MS. WICHT: Object to the form of</p> <p>18 the question.</p> <p>19 A. I requested an overview of, you</p> <p>20 know, what happened in 2008 and what were the</p> <p>21 actions that Cardinal took to address the</p> <p>22 concerns that the agency had. That overview was</p> <p>23 provided to me by members of my staff, as well</p> <p>24 as our senior legal regulatory counsel, as well</p>

<p style="text-align: right;">Page 114</p> <p>1 as my boss.</p> <p>2 And the communication that I got</p> <p>3 from each one of them was very consistent with</p> <p>4 the agreement that had been made with the agency</p> <p>5 and the program that we've put in place that was</p> <p>6 deemed acceptable by the agency after the agency</p> <p>7 had reviewed our program.</p> <p>8 - - -</p> <p>9 (Cardinal-Quintero Exhibit 3 marked.)</p> <p>10 - - -</p> <p>11 BY MR. KROEGER:</p> <p>12 Q. I'm going to hand you what I'm</p> <p>13 marking as Exhibit 3. It's Document 3813.</p> <p>14 MR. HUNTER: Can you give the</p> <p>15 Bates number for that document?</p> <p>16 MR. KROEGER: I can for this one.</p> <p>17 It's CAH_MDL2804_02309017.</p> <p>18 Q. Mr. Quintero, if you would turn to</p> <p>19 Page 4 --</p> <p>20 MS. WADHWANI: Sorry. 014.</p> <p>21 MR. KROEGER: Sorry. Thank you.</p> <p>22 Neelum corrected it. It's 014.</p> <p>23 BY MR. KROEGER:</p> <p>24 Q. If you'll turn to Page 4 of this.</p>	<p style="text-align: right;">Page 116</p> <p>1 if you'll turn to Page 4 --</p> <p>2 MS. WICHT: So this copy came --</p> <p>3 is -- this copy is Appendix B to some</p> <p>4 other document?</p> <p>5 MR. KROEGER: Yes.</p> <p>6 MS. WICHT: But you're not asking</p> <p>7 right now about whatever that other</p> <p>8 document is or what --</p> <p>9 MR. KROEGER: I'm asking about a</p> <p>10 very specific part of this MOA that I</p> <p>11 have from this appendix, which is</p> <p>12 attached to the 2012 action, but...</p> <p>13 MS. WICHT: Okay.</p> <p>14 MS. ANDERSON: For clarification,</p> <p>15 which page number are you on?</p> <p>16 MR. KROEGER: 4. P1, top right,</p> <p>17 P1, 4.</p> <p>18 BY MR. KROEGER:</p> <p>19 Q. Most importantly, Mr. Quintero, do</p> <p>20 you see Roman numeral II, Number 1, Paragraph A,</p> <p>21 "Obligations of Cardinal"?</p> <p>22 A. Uh-huh.</p> <p>23 Q. Can you read that to us, please.</p> <p>24 A. "Cardinal agrees to maintain a</p>
<p style="text-align: right;">Page 115</p> <p>1 A. This is the top of the page, that</p> <p>2 4 here or 4 --</p> <p>3 Q. Correct, 4 top right.</p> <p>4 A. Okay.</p> <p>5 Q. And if you want to look, I mean</p> <p>6 obviously you're more than welcome to look at</p> <p>7 this document, look at the first page to see</p> <p>8 what it is, but I'll represent to you that it's</p> <p>9 the memorandum of understanding -- of agreement</p> <p>10 between Cardinal and the DEA that we were just</p> <p>11 talking about.</p> <p>12 If you go to -- because I see what</p> <p>13 you're looking at. If you go --</p> <p>14 A. What does it mean -- I mean, just</p> <p>15 a question because I'm reading, and it's</p> <p>16 different to what you read. It says "2008 MOA</p> <p>17 Reference in Background." What does that mean?</p> <p>18 Q. So this was an appendix, and this</p> <p>19 document, if you turn to what is actually Page 2</p> <p>20 of the exhibit itself, you will see the title of</p> <p>21 the document that we're going to be talking</p> <p>22 about.</p> <p>23 A. Where is it?</p> <p>24 Q. It is in Appendix B. Okay? And</p>	<p style="text-align: right;">Page 117</p> <p>1 compliance program designed to detect and</p> <p>2 prevent diversion of controlled substances as</p> <p>3 required under the CSA and applicable DEA</p> <p>4 regulations. This program shall include</p> <p>5 procedures to review orders for controlled</p> <p>6 substances, orders that exceed established</p> <p>7 thresholds and criteria will be reviewed by a</p> <p>8 Cardinal employee trained to detect suspicious</p> <p>9 orders for the purpose of determining whether,</p> <p>10 (I) such orders should not be filled and</p> <p>11 reported to the DEA based on a detailed review,</p> <p>12 the order is for a legitimate purpose and the</p> <p>13 controlled substances are not likely to be</p> <p>14 diverted into other than legitimate medical,</p> <p>15 scientific, and industrial channels.</p> <p>16 "Orders identified as suspicious</p> <p>17 will be reported to the DEA as discussed in</p> <p>18 Subsection II(1)(c). This compliance program</p> <p>19 shall apply to all customers and future Cardinal</p> <p>20 distribution centers registered with the DEA in</p> <p>21 the United States and its territories and</p> <p>22 possessions.</p> <p>23 "Cardinal acknowledges and agrees</p> <p>24 that the obligations undertaken in this</p>

<p style="text-align: right;">Page 118</p> <p>1 subparagraph do not fulfill the totality of its 2 obligations to maintain effective controls 3 against the diversion of controlled substances 4 or to detect and report the suspicious orders 5 for controlled substances." 6 Q. So, Mr. Quintero, this is the 7 agreement that Cardinal signed after a number of 8 its distribution centers were investigated, 9 suspended, et cetera? 10 A. (Nods head.) 11 Q. And identifying suspicious orders 12 and reporting those to the DEA is a baseline 13 that Cardinal agreed to; isn't that true? 14 MS. WICHT: Object to the form of 15 the question. 16 A. Yeah, but there's additional 17 language here, you know, which says, you know, 18 established threshold criteria and -- 19 Q. Show me in that paragraph where 20 Cardinal agreed to report customers when they 21 decided to terminate those customers? 22 A. As I told you, we reported 23 suspicious orders as the agreement that was 24 reached between Cardinal Health and senior</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. -- and that was a new 2 understanding? 3 MS. WICHT: Object to the form of 4 the question. Foundation. 5 Mischaracterizes. 6 A. My position is that the 7 interpretation and the expectations of the 8 agency of what was suspicious order had changed 9 over time; that to the best of my knowledge, 10 Cardinal Health, every time, reported suspicious 11 orders, from the time that I was there in 2009 12 until recent, based on the interpretation that 13 it had other regulations and the understanding 14 that we had from the agency. 15 MS. WICHT: I'm sorry to 16 interrupt. 17 Madam Court Reporter, the -- this 18 is indicating it has a low battery. It 19 is below 10 percent. Is it possible to 20 have a charger that connects to this? 21 MR. KROEGER: We can go off the 22 record for a moment. 23 VIDEOGRAPHER: Time is now 9:45. 24 Going off the record.</p>
<p style="text-align: right;">Page 119</p> <p>1 members from the DEA based on the program and 2 the interpretation of the agreement. 3 Q. So you're saying that the DEA 4 allowed Cardinal, after a meeting, to supplement 5 this Memorandum of Agreement and do less than 6 what it says here? 7 MS. WICHT: Object to the form of 8 the question. Foundation. 9 Mischaracterizes. 10 A. I don't believe that's what I 11 said. I said that Cardinal had an 12 interpretation of the agreement. That 13 interpretation of the agreement was shared with 14 senior members of the DEA and DEA was in 15 agreement with that definition. 16 And it was reviewed in the 2009 17 meetings, and also it was reviewed during dozens 18 of cyclic inspections and we were never found to 19 be in noncompliance with the agreement. 20 Q. And -- but it's still your 21 position that it was in 2012 that the DEA 22 suddenly wanted Cardinal to report all 23 suspicious orders -- 24 MS. WICHT: Object to --</p>	<p style="text-align: right;">Page 121</p> <p>1 (Discussion held off the record.) 2 VIDEOGRAPHER: Time is now 9:46. 3 Back on the record. 4 --- 5 (Cardinal-Quintero Exhibit 4 marked.) 6 --- 7 BY MR. KROEGER: 8 Q. I'm going to hand you what I've 9 marked as Exhibit 4. We talked earlier about 10 the fact that you sometimes would attend HDMA 11 events, sometimes had a voice in the company for 12 HDMA. 13 If you would read this e-mail. Do 14 you know a Bill de Gutierrez-Mahoney? 15 MS. WICHT: May I -- while the 16 witness is looking at the document, may 17 I just inquire, since it's a -- this is 18 a McKesson highly confidential document, 19 whether permission has been granted to 20 show it and use it in this document? 21 MR. KROEGER: It has been noticed 22 and used at previous Cardinal 23 depositions. 24 MS. WICHT: Okay. Thank you.</p>

<p style="text-align: right;">Page 122</p> <p>1 MS. MONAGHAN: I would like to</p> <p>2 note for the record --</p> <p>3 MR. HUNTER: Excuse me. Do you</p> <p>4 mind just reading the Bates numbers when</p> <p>5 you're entering exhibits because we need</p> <p>6 to know which document it is, who is on</p> <p>7 the phone.</p> <p>8 MS. MONAGHAN: I would like to</p> <p>9 note for the record that we agreed to</p> <p>10 allow the use of this document in Steve</p> <p>11 Reardon's deposition. We did not permit</p> <p>12 it in this deposition and we were not</p> <p>13 asked permission for this deposition.</p> <p>14 MS. QUEZON: Are you objecting to</p> <p>15 the use of it?</p> <p>16 MS. MONAGHAN: You can proceed.</p> <p>17 I'm just noting our objection for the</p> <p>18 record.</p> <p>19 BY MR. KROEGER:</p> <p>20 Q. Mr. Quintero, did you have a</p> <p>21 chance to look at this document I've handed you?</p> <p>22 A. I've reviewed Page 1 and I'm</p> <p>23 starting to read Page 2.</p> <p>24 Q. I'm only going to ask you about</p>	<p style="text-align: right;">Page 124</p> <p>1 reporting suspicious orders?</p> <p>2 MS. WICHT: Objection to form.</p> <p>3 Foundation.</p> <p>4 A. This is not true. I don't know</p> <p>5 why -- who is this -- Bill de Gutierrez-Mahoney</p> <p>6 wrote that, because that's not the fact.</p> <p>7 Q. You started reporting suspicious</p> <p>8 orders in 2012 when the DEA amended their</p> <p>9 expectations of Cardinal?</p> <p>10 A. We reported --</p> <p>11 MS. WICHT: Object to form.</p> <p>12 Foundation. Mischaracterizes prior</p> <p>13 testimony.</p> <p>14 A. We reported -- if you look at the</p> <p>15 record and the number of suspicious orders to</p> <p>16 DEA, we reported thousands of orders in 2012 and</p> <p>17 thousands of orders in 2013, '14, '15 as</p> <p>18 suspicious orders.</p> <p>19 Q. So the years you just chose to</p> <p>20 list are '12, '13, '14, and '15, correct?</p> <p>21 A. Yes. Because you're giving me a</p> <p>22 document that is dated 2013.</p> <p>23 Q. Did you report thousands of</p> <p>24 suspicious orders in 2011?</p>
<p style="text-align: right;">Page 123</p> <p>1 Page 1.</p> <p>2 A. Okay.</p> <p>3 Q. This is an e-mail. Do you</p> <p>4 recognize the names at the top: Bill</p> <p>5 Gutierrez-Mahoney, and Donald Walker, Bruce</p> <p>6 Russell, Gary Hilliard?</p> <p>7 A. I remember Gary Hilliard.</p> <p>8 I remember Gary and Don. The</p> <p>9 other two names are not that familiar to me.</p> <p>10 Q. And this e-mail is from March of</p> <p>11 2013. Do you see that?</p> <p>12 A. Yep.</p> <p>13 Q. And apparently there had been a</p> <p>14 conference the week before, an HDMA conference,</p> <p>15 that Gary and Bill had attended.</p> <p>16 And would you read the second</p> <p>17 paragraph of the e-mail, please.</p> <p>18 A. It says, "Gary and I attended the</p> <p>19 HDMA conference last week. These are my notes.</p> <p>20 Perhaps the most surprising revelation was Steve</p> <p>21 Reardon and Gilberto Quintero saying that</p> <p>22 Cardinal Health does not report to DEA --</p> <p>23 suspicious orders to DEA. No upside."</p> <p>24 Q. So as of 2013, you were still not</p>	<p style="text-align: right;">Page 125</p> <p>1 A. We reported suspicious orders, as</p> <p>2 defined by our program and as agreed by DEA, in</p> <p>3 2009, '10, and '11.</p> <p>4 Q. So the answer is no?</p> <p>5 MS. WICHT: Objection to the form.</p> <p>6 Mischaracterizes.</p> <p>7 A. The answer is no to what?</p> <p>8 Q. That Cardinal reported thousands</p> <p>9 of suspicious orders in 2011.</p> <p>10 A. We -- the answer is we reported</p> <p>11 suspicious orders, as defined by our program, as</p> <p>12 defined with agreement with DEA in 2009, '10,</p> <p>13 and '11.</p> <p>14 Q. Mr. Quintero, are you aware of an</p> <p>15 opioid epidemic in this nation?</p> <p>16 A. I'm aware that there's an opioid</p> <p>17 epidemic in this nation.</p> <p>18 Q. And to your knowledge, what does</p> <p>19 that mean?</p> <p>20 A. That means that there are</p> <p>21 individuals in society that are using opiates</p> <p>22 for other than legitimate medical use.</p> <p>23 Q. A few, or thousands?</p> <p>24 A. I believe thousands.</p>

<p style="text-align: right;">Page 126</p> <p>1 Q. Hundreds of thousands?</p> <p>2 A. I could not say that. If I had</p> <p>3 documents in front of me that -- from healthcare</p> <p>4 professionals that have done the studies, but I</p> <p>5 do not recollect what the number is.</p> <p>6 Q. And to your knowledge, what role</p> <p>7 did Cardinal play in causing that opioid</p> <p>8 epidemic in the United States?</p> <p>9 A. We did not --</p> <p>10 MS. WICHT: Object to the form of</p> <p>11 the question and on the basis that I</p> <p>12 believe Special Master Cohen has ruled</p> <p>13 that's an inappropriate area for</p> <p>14 questioning in depositions in this case.</p> <p>15 But I'll allow you to answer,</p> <p>16 Mr. Quintero.</p> <p>17 A. I do not believe Cardinal Health</p> <p>18 played a role in the opioid epidemic. We had a</p> <p>19 program in place that was designed to prevent --</p> <p>20 to -- we had the proper controls against</p> <p>21 diversion of drug products other than for</p> <p>22 legitimate medical uses, as demonstrated by the</p> <p>23 actions that we have taken, as demonstrated by</p> <p>24 the hundreds of pharmacies that we have</p>	<p style="text-align: right;">Page 128</p> <p>1 pharmacies that fill the scripts, and the</p> <p>2 wholesale distributors who supply pharmacies</p> <p>3 without appropriate due diligence (including</p> <p>4 Respondent), have caused and continue to cause</p> <p>5 millions of dosage units of oxycodone and other</p> <p>6 controlled substances to be diverted and pose an</p> <p>7 imminent threat to public health and safety.</p> <p>8 "According to the Florida Medical</p> <p>9 Examiner's Office, they have seen a 345.9</p> <p>10 percent increase in the number of overdose</p> <p>11 deaths associated with oxycodone between 2005</p> <p>12 and 2010. For 2010, their data showed that</p> <p>13 approximately 4,091 persons died in Florida</p> <p>14 alone from an overdose caused by just five</p> <p>15 drugs: Methadone, oxycodone, hydrocodone,</p> <p>16 benzodiazepines, or morpheme.</p> <p>17 "This is an average of 11.2</p> <p>18 persons dying in the state of Florida every day</p> <p>19 from just these five drugs alone."</p> <p>20 Clearly the government,</p> <p>21 Mr. Quintero, disagrees with your position that</p> <p>22 Cardinal had no role in causing the opioid</p> <p>23 epidemic.</p> <p>24 MS. WICHT: Object to the form of</p>
<p style="text-align: right;">Page 127</p> <p>1 terminated, not because we know they are</p> <p>2 diverting. It's because we may have the</p> <p>3 suspicion that they may engage in practices that</p> <p>4 they are not consistent with the expectations</p> <p>5 that we have.</p> <p>6 - - -</p> <p>7 (Cardinal-Quintero Exhibit 5 marked.)</p> <p>8 - - -</p> <p>9 BY MR. KROEGER:</p> <p>10 Q. I'm going to hand you what is</p> <p>11 marked as Exhibit 5,</p> <p>12 CAH_MDL_PRIORPROD_DEA12_000001. We have it</p> <p>13 listed as P1.4085. And I'd ask you to turn to</p> <p>14 Page 4 of that, Mr. Quintero. You're welcome to</p> <p>15 take a look at the document and familiarize</p> <p>16 yourself with it, but I'm going to ask you about</p> <p>17 Page 4 to start.</p> <p>18 A. Is this our document or the</p> <p>19 government document?</p> <p>20 Q. It's the government's document.</p> <p>21 So if you turn to Page 4. If I</p> <p>22 could get you to -- well, I'll read it for you.</p> <p>23 The first full paragraph.</p> <p>24 "The illicit pain clinics, the</p>	<p style="text-align: right;">Page 129</p> <p>1 the question.</p> <p>2 Q. Do you believe that illicit pain</p> <p>3 clinics are responsible for the opioid epidemic?</p> <p>4 MS. WICHT: Object to the form of</p> <p>5 the question.</p> <p>6 A. There are many reports from</p> <p>7 different healthcare professionals that have</p> <p>8 theories on how the epidemic was initiated, why</p> <p>9 we still have an epidemic. And so there are</p> <p>10 healthcare professionals out there still</p> <p>11 debating what is the cause. I still do not have</p> <p>12 a firm position on who initiated this, what is</p> <p>13 the cause of this.</p> <p>14 Q. I'm talking about a cause. A</p> <p>15 cause.</p> <p>16 A. I couldn't say that we are a</p> <p>17 cause, because we have the proper controls in</p> <p>18 place to prevent diversion, and we do not sell</p> <p>19 products to pharmacies that we believe are</p> <p>20 dispensing products for other than legitimate</p> <p>21 medical use.</p> <p>22 Q. Would you agree that illicit pain</p> <p>23 clinics, as mentioned here, are part of a cause</p> <p>24 of the opioid epidemic?</p>

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1 MS. WICHT: Object to the form of
2 the question. Asked and answered.
3 A. To be honest with you, without
4 having a conclusion that can be reached, a
5 consensus among healthcare professionals, that
6 what is the cause of this epidemic, it will be
7 very difficult for me to have a clear position
8 for that because the issue is still being
9 debated.
10 Q. So sitting here today, as the
11 person who has been overseeing anti-diversion at
12 Cardinal Health from 2010 until 2015, you can't
13 say whether you think illicit pain clinics are a
14 problem in the -- or a cause in the opioid
15 epidemic?
16 MS. WICHT: Object to the form of
17 the question.
18 A. It could but it could not. I
19 mean, I would have to have more in-depth studies
20 done by people that are experts in the field for
21 me to reach that conclusion.
22 Q. Do you understand --
23 A. There are still debates on that
24 issue.

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1 Q. Do you understand that illicit
2 pain clinics are clinics in which there is no
3 real or actual doctor/patient relationship?
4 MS. WICHT: Object to the form of
5 the question.
6 A. I'm not --
7 MS. WICHT: Foundation.
8 A. I'm not an expert in the field. I
9 wouldn't know that.
10 Q. And yet, December 1st, 2009,
11 Cardinal tasked you with overseeing their
12 anti-diversion programs?
13 MS. WICHT: Object to the form of
14 the question.
15 A. Cardinal asked me in December 1st,
16 2009 to oversee a number of programs, while the
17 regulatory compliance program, including
18 anti-diversion. And it's my belief that we had
19 a good program in place that was agreed with the
20 agency and that we were meeting the expectations
21 of the agency at that particular time.
22 Q. What were the expectations of the
23 agency at that time, prior to 2012, with regard
24 to Cardinal reporting chain pharmacies?

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1 MS. WICHT: Object to the form of
2 the question.
3 A. Can you repeat that question
4 again?
5 Q. What were the expectations of the
6 agency, prior to 2012, in terms of Cardinal
7 reporting chain pharmacies?
8 MS. WICHT: Object to the form.
9 A. My understanding on the agreement
10 that we had with the agency is that we could
11 rely on the investigation from the
12 anti-diversion program from the chain pharmacies
13 to make our decisions in terms of -- in terms of
14 suspicious orders and whether or not we should
15 continue the sales to those pharmacies.
16 Q. Okay. I'm going to ask you to
17 return to Exhibit 3, if you would. P1.3813.
18 And if you'll go to Page 4, and
19 will you show me under the "Obligations of
20 Cardinal," the paragraph we've already read,
21 where it says that Cardinal can rely on chain
22 pharmacies to do their due diligence and
23 Cardinal doesn't have to report chain pharmacies
24 to the DEA?

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1 MS. WICHT: Object to the form of
2 the question. Mischaracterizes his
3 testimony.
4 A. I just can tell you about the
5 agreements that were reached between the agency
6 and Cardinal Health, which I was not there but
7 those agreements were communicated to me by
8 members of my staff, by Bob Giacalone, which was
9 our senior regulatory counsel at that time, by
10 my boss, and that we were meeting all the
11 expectations of the agency at that point in
12 time.
13 Now, one of the agreements that
14 was made is that we relied on investigations
15 done by the headquarters of chain pharmacies
16 when we have threshold events that needed to be
17 investigated.
18 Q. Can you show me in the document
19 that I handed you where it says that, under
20 Cardinal's obligations?
21 A. What I'm communicating to you
22 is --
23 Q. I'm just -- I'm asking if you can
24 show it to me. It's a yes or no, either you can

<p style="text-align: right;">Page 134</p> <p>1 and you do, or you can't.</p> <p>2 MS. WICHT: Object to the form.</p> <p>3 Q. Can you show me, Mr. Quintero,</p> <p>4 where, under the "Obligations of Cardinal," it</p> <p>5 says that Cardinal may rely on the due diligence</p> <p>6 done by a chain pharmacy to determine if a</p> <p>7 suspicious order has been placed?</p> <p>8 A. What I can tell you is, we reached</p> <p>9 the agreement. That agreement was reviewed</p> <p>10 during many years between 2012, including the</p> <p>11 meeting between Barbara Boockholdt, Sue</p> <p>12 Langston, Michael Moné and Nick Rausch. We</p> <p>13 never got a single call from the FDA saying,</p> <p>14 hey, by the way, Gilberto, I have concerns that</p> <p>15 you guys are not meeting the spirit of the MOA</p> <p>16 during the cyclic inspection. We never got that</p> <p>17 indication.</p> <p>18 Q. Can you show me in the document in</p> <p>19 front of you where that is?</p> <p>20 A. I cannot show you that, but I can</p> <p>21 show you the discussions between -- I can tell</p> <p>22 you about the discussions that --</p> <p>23 Q. Would you agree --</p> <p>24 A. -- that occurred between --</p>	<p style="text-align: right;">Page 136</p> <p>1 Cardinal may rely on the due diligence done by</p> <p>2 chain pharmacies to determine suspicious orders?</p> <p>3 MS. WICHT: Object to the form of</p> <p>4 the question.</p> <p>5 A. (Witness reviews document.)</p> <p>6 Repeat the question again so I</p> <p>7 can -- now that I've read the paragraph again, I</p> <p>8 can answer your question.</p> <p>9 Q. Okay. Is there anywhere in that</p> <p>10 document in front of you, a spot where it says,</p> <p>11 Cardinal may rely on the due diligence done by</p> <p>12 chain pharmacies to determine suspicious orders?</p> <p>13 MS. WICHT: Object to the form.</p> <p>14 A. There's not that language, but</p> <p>15 there's no language that says that we could not</p> <p>16 rely on that either.</p> <p>17 Q. Okay. So your position is that</p> <p>18 because you don't see anything that says you</p> <p>19 can't rely on someone else's due diligence, that</p> <p>20 it's okay?</p> <p>21 MS. WICHT: Object to form.</p> <p>22 Foundation. Calls for a legal</p> <p>23 conclusion.</p> <p>24 A. No. That's -- you're not</p>
<p style="text-align: right;">Page 135</p> <p>1 Q. You've told me about the</p> <p>2 discussions. But would you agree that under the</p> <p>3 Memorandum of Agreement that was signed by</p> <p>4 Cardinal Health and the United States</p> <p>5 Government, through the DEA, that that is not in</p> <p>6 here?</p> <p>7 A. The interpret --</p> <p>8 MS. WICHT: Object to the form of</p> <p>9 the question.</p> <p>10 A. The interpretation of this</p> <p>11 agreement was discussed with members of the</p> <p>12 agency, which have found it to be -- which was</p> <p>13 found at that time to be satisfactory with the</p> <p>14 spirit of the agreement or the language of the</p> <p>15 agreement.</p> <p>16 Q. And there's that word again, "the</p> <p>17 spirit" of the agreement. You said that earlier</p> <p>18 with regard to your supervision of</p> <p>19 anti-diversion, making sure that people are</p> <p>20 acting within the spirit of the rules and the</p> <p>21 laws.</p> <p>22 What I have asked and you have not</p> <p>23 answered still is: Is there anywhere in that</p> <p>24 document in front of you a spot where it says,</p>	<p style="text-align: right;">Page 137</p> <p>1 characterizing my testimony appropriately. What</p> <p>2 I said, there's not language here either that</p> <p>3 says that we cannot rely on other sources as</p> <p>4 part of our due diligence process. And in</p> <p>5 communications with the agency, when we told</p> <p>6 them we designed our program, they were in</p> <p>7 agreement with that.</p> <p>8 Q. If you would turn to Exhibit 5</p> <p>9 again. And you may want to keep that one aside</p> <p>10 because we're going to talk about that one quite</p> <p>11 a bit today.</p> <p>12 MS. WICHT: 3, you mean?</p> <p>13 MR. KROEGER: 5.</p> <p>14 MS. WICHT: 5.</p> <p>15 MR. KROEGER: It's P1.4085.</p> <p>16 BY MR. KROEGER:</p> <p>17 Q. If you could turn to Page 12.</p> <p>18 Down towards the bottom of the full paragraph,</p> <p>19 have you heard the name Mike Arpaio before?</p> <p>20 A. No.</p> <p>21 Q. I'm going to read this for you.</p> <p>22 "DEA staff coordinator Mark -- Mike Arpaio</p> <p>23 communicated to Mr. Moné" -- that would be</p> <p>24 Michael Moné, wouldn't you imagine?</p>

<p style="text-align: right;">Page 138</p> <p>1 A. Yes.</p> <p>2 Q. -- "that due diligence</p> <p>3 investigations must be performed on all</p> <p>4 customers, chain pharmacies included, when it</p> <p>5 appears that suspicious high volume orders are</p> <p>6 requested of controlled substances and</p> <p>7 questionnaires should be sent to these chains.</p> <p>8 "Mr. Moné stated in turn that QRA</p> <p>9 is unable to look at chain pharmacy systems in</p> <p>10 order to identify problem areas when there is</p> <p>11 not an order of interest or their threshold is</p> <p>12 not exceeded."</p> <p>13 So from this, DEA staff</p> <p>14 coordinator Mark -- Mike Arpaio communicated to</p> <p>15 Cardinal prior to 2012 that chain pharmacies and</p> <p>16 retail -- independent retail pharmacies should</p> <p>17 be treated alike, correct?</p> <p>18 MS. WICHT: Object to form.</p> <p>19 Foundation.</p> <p>20 A. I was not a party to that</p> <p>21 conversation. I don't have that knowledge of</p> <p>22 that that particular conversation occurred, the</p> <p>23 time that it occurred. I don't know what role</p> <p>24 Mark [sic] Arpaio had in the agency. So I mean,</p>	<p style="text-align: right;">Page 140</p> <p>1 recall the conversation -- Michael having a</p> <p>2 conversation with Mark Arpaio. I was not a</p> <p>3 party in that conversation.</p> <p>4 Q. You do supervise Michael Moné or</p> <p>5 you did at this time, didn't you?</p> <p>6 A. Yes, I did.</p> <p>7 Q. Part of your job, within Cardinal,</p> <p>8 was to ensure that he was following DEA</p> <p>9 regulations, correct?</p> <p>10 MS. WICHT: Object to the form of</p> <p>11 the question.</p> <p>12 A. My job is to make sure that we</p> <p>13 have a system that will have programs to ensure</p> <p>14 that we comply with regulatory requirements.</p> <p>15 Q. And you've talked a bit about the</p> <p>16 fact is that it was in 2012 that the DEA</p> <p>17 suddenly changed their expectations in terms of</p> <p>18 what Cardinal and other distributors had to do;</p> <p>19 is that right?</p> <p>20 A. I think it was a surprise to us</p> <p>21 that we got an administrative action against</p> <p>22 Cardinal Health, because to the best of our</p> <p>23 knowledge, at that time, we were complying, not</p> <p>24 only with the regulations, but also with the</p>
<p style="text-align: right;">Page 139</p> <p>1 I would be speculating if I gave you an answer.</p> <p>2 Q. So if -- if the government has</p> <p>3 pled in this that Mike Arpaio communicated that</p> <p>4 to Mr. Moné, are you sitting here today</p> <p>5 disagreeing with that?</p> <p>6 MS. WICHT: Object to the form.</p> <p>7 A. I wasn't a party of the</p> <p>8 communication between the both of them. You</p> <p>9 would have to ask Mark Arpaio and Michael Moné.</p> <p>10 Q. Did Michael Moné communicate to</p> <p>11 you that Cardinal, based on communications with</p> <p>12 the DEA, was able to treat chain pharmacies</p> <p>13 different than independent retail pharmacies?</p> <p>14 A. My understanding from Michael,</p> <p>15 from the time that I came here, is that we have</p> <p>16 reached an agreement with the agency and senior</p> <p>17 members of the agency on how we were to manage</p> <p>18 our program. We provided a description of our</p> <p>19 program, which includes the reliance of</p> <p>20 investigations from chain pharmacy as part of</p> <p>21 our due diligence process.</p> <p>22 And to the best of my knowledge,</p> <p>23 that agreement was in place in 2012. So I do</p> <p>24 not recognize Mark Arpaio's name. I do not</p>	<p style="text-align: right;">Page 141</p> <p>1 expectations of the agency.</p> <p>2 Q. So that surprise came in 2012; is</p> <p>3 that what you're saying?</p> <p>4 A. That surprise came in 2012. Late</p> <p>5 2011, when we had an investigational warrant.</p> <p>6 We were surprised that we got one because, to</p> <p>7 the best of our knowledge, at that time we were</p> <p>8 complying with the expectations of the agency</p> <p>9 and we were meeting our regulatory requirements.</p> <p>10 Q. Will you turn to Page 13 of</p> <p>11 Exhibit 5. Same one you're on, 4085. Page 13.</p> <p>12 Middle of the page, it was in July, July 7th,</p> <p>13 2011, that DEA representatives from DEA</p> <p>14 headquarters met with Cardinal. And moving</p> <p>15 down, "DEA representatives further advised</p> <p>16 Cardinal Health that, with respect to their due</p> <p>17 diligence responsibilities, Cardinal Health</p> <p>18 should examine their Florida customers,</p> <p>19 particularly Cardinal Health's retail pharmacy</p> <p>20 chain customers."</p> <p>21 So in July, you were notified --</p> <p>22 Cardinal was notified of an issue in Florida,</p> <p>23 and specifically about chain customers; isn't</p> <p>24 that correct.</p>

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1 MS. RANJAN: Object to form.
 2 A. I was not a party of that
 3 conversation. I don't know. It doesn't say
 4 between who in DEA and who at Cardinal Health,
 5 so I don't know the facts behind this statement
 6 dated July 7th, 2011.
 7 Q. So do you dispute that the letter
 8 was sent from the DEA warning Cardinal about the
 9 chain retail pharmacies in Florida, or do you
 10 just say that as the senior vice president of
 11 QRA, you were unaware of that warning from the
 12 DEA?
 13 MS. WICHT: Object to form.
 14 Foundation. Mischaracterizes the
 15 document.
 16 MR. KROEGER: Counsel, can we keep
 17 it as object to form, please, as
 18 protocol requires.
 19 A. That there was a letter? I mean,
 20 I don't see here there was a letter.
 21 Q. I apologize. They advised
 22 Cardinal. The letter came later.
 23 Do you deny that DEA
 24 representatives advised Cardinal in July of 2011

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1 of their -- with respect to their due diligence
 2 responsibilities that Cardinal should examine
 3 their Florida customers, particularly Cardinal
 4 Health's retail pharmacy chain customers?
 5 A. I cannot --
 6 MS. WICHT: Object to form.
 7 A. I cannot confirm or deny that
 8 particular statement, but I can tell you, me
 9 personally, if I was DEA and they were having
 10 problems with a compliance program, it would
 11 have taken a single call for them to tell me
 12 that they had concern. They never did that.
 13 And I called DEA more than once, and those calls
 14 were never returned to me.
 15 Q. And then on -- if you move down
 16 the next paragraph, after a meeting that DEA had
 17 with Mallinckrodt, Mallinckrodt sent a letter to
 18 43 distributors, including Cardinal Health.
 19 "The letter stated that it was no longer
 20 processing chargebacks from distributor sales of
 21 Mallinckrodt's product to certain pharmacies,
 22 including Gulf Coast Pharmacy."
 23 Moving down that they "made our
 24 decision based on our recent site visits to

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1 these locations and suggested that if you have
 2 sold controlled substances to any of these
 3 pharmacies, you consider conducting an on-site
 4 audit as part of your suspicious order
 5 monitoring program."
 6 Do you recall receiving that
 7 letter from Mallinckrodt?
 8 A. I remember Cardinal Health
 9 having -- communications with Cardinal Health,
 10 including several letters that they sent.
 11 Q. Warning you of particular
 12 customers?
 13 MS. WICHT: Object to the form.
 14 A. Which in every single case, those
 15 customers were investigated and decisions were
 16 made whether or not to continue doing business
 17 with those customers. The particular one that
 18 is mentioned in this letter, Cardinal Health
 19 terminated that customer.
 20 Q. And what investigations did
 21 Cardinal Health do before Mallinckrodt told them
 22 that they were going to cut off their
 23 chargebacks if they didn't investigate Gulf
 24 Coast?

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1 A. We --
 2 MS. WICHT: Object to the form.
 3 A. We -- I think, for this particular
 4 customer, recall, we had multiple site visits
 5 and investigations.
 6 Q. None of which led to termination
 7 until after Mallinckrodt's letter?
 8 A. I'm not sure if we cut them before
 9 Mallinckrodt letter or after Mallinckrodt
 10 letter, but I can tell you, we investigated
 11 every time that Mallinckrodt had a concern
 12 because they had better visibility than us on
 13 the purchases of drugs from pharmacies.
 14 And every time, every single time
 15 that we were told that they had a concern about
 16 a pharmacy, we investigated the pharmacy and we
 17 made a conclusion whether or not we should
 18 continue doing business with that pharmacy
 19 because that pharmacy represented a potential
 20 for diversion.
 21 Q. And I want to go back to 2010,
 22 because you had additional notice of the issues
 23 in Florida besides the DEA communication to
 24 you -- to Cardinal, the letter from

<p style="text-align: right;">Page 146</p> <p>1 Mallinckrodt.</p> <p>2 You yourself were aware of some</p> <p>3 issues that CVS in particular had in Florida,</p> <p>4 weren't you?</p> <p>5 MS. WICHT: Object to the form of</p> <p>6 the question.</p> <p>7 A. I was concerned about some of the</p> <p>8 trends that we were seeing in some of the CVS</p> <p>9 Florida pharmacy.</p> <p>10 ---</p> <p>11 (Cardinal-Quintero Exhibit 6 marked.)</p> <p>12 ---</p> <p>13 BY MR. KROEGER:</p> <p>14 Q. I'm going to hand you what has</p> <p>15 been marked as Exhibit 6. It's P1.3778.</p> <p>16 MR. HUNTER: Can you provide the</p> <p>17 Bates number, please?</p> <p>18 MR. KROEGER: Yes. It's</p> <p>19 CAH_MDL2804_00704499 the underscores</p> <p>20 between CAH, MDL, and then 280400.</p> <p>21 A. (Witness reviews document.)</p> <p>22 Q. Mr. Quintero, have you had a</p> <p>23 chance to look at the document?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 148</p> <p>1 Somebody objected?</p> <p>2 MS. WICHT: Yes. She objected to</p> <p>3 the form. I think he's just asking you,</p> <p>4 as I understand it, to read the text</p> <p>5 that's on the page.</p> <p>6 A. Oh, the text, okay.</p> <p>7 BY MR. KROEGER:</p> <p>8 Q. Yes. "The underlying reasons for</p> <p>9 increase include," and then if you could read</p> <p>10 after that.</p> <p>11 A. So jumping to the third bullet,</p> <p>12 "Underlying reasons for the increase include:</p> <p>13 Increased number of SOM events within national</p> <p>14 chain segment, specifically CVS; increase in</p> <p>15 demand of oxycodone products (reformulation of</p> <p>16 Oxycontin); AAP, which is a GPO, continued</p> <p>17 increase in controlled substances demand;</p> <p>18 competitive pricing, changes drove increased</p> <p>19 demand; increased demand in Florida -- Lakeland</p> <p>20 had twice the number of SOM events as any other</p> <p>21 distribution center."</p> <p>22 Q. So as of September of 2010, you</p> <p>23 were aware, based on this slide sent from Nick</p> <p>24 Rausch to you, that there were increased SOM</p>
<p style="text-align: right;">Page 147</p> <p>1 Q. Do you recognize that?</p> <p>2 A. I recognize as a document that</p> <p>3 Nick Rausch may have sent to me. Do not recall</p> <p>4 all of the details of it.</p> <p>5 Q. September 19th, 2010 is when</p> <p>6 Mr. Rausch sent this to you, correct?</p> <p>7 A. Yes. From Nick Rausch to me and</p> <p>8 Michael Moné, yes.</p> <p>9 Q. Yes. And if you'll turn to Page 4</p> <p>10 of the document, it's an analysis of SOM events.</p> <p>11 And "SOM" is suspicious order monitoring?</p> <p>12 A. Yes. Threshold events, yes.</p> <p>13 Q. Can you read the first bullet</p> <p>14 point for me, please.</p> <p>15 A. "August 2010 experienced a</p> <p>16 19 percent increase in the number of SOM events</p> <p>17 when compared to previous four months."</p> <p>18 Q. And the underlying reasons for the</p> <p>19 increase include -- can you read the next?</p> <p>20 MS. RANJAN: Object to form.</p> <p>21 MR. KROEGER: Who's objecting?</p> <p>22 MS. RANJAN: Brandy.</p> <p>23 Q. You can go ahead.</p> <p>24 THE WITNESS: Do I go ahead?</p>	<p style="text-align: right;">Page 149</p> <p>1 events and that in particular, Lakeland had</p> <p>2 twice the number of SOM events as any other</p> <p>3 distribution center in Cardinal's centers?</p> <p>4 A. I was aware of this, yes. I was</p> <p>5 aware of this document.</p> <p>6 Q. Okay. And because of this</p> <p>7 agreement you think that you had with the DEA,</p> <p>8 there was no additional due diligence you needed</p> <p>9 to do with regard to CVS because they were a</p> <p>10 chain pharmacy, correct?</p> <p>11 MS. WICHT: Object to form.</p> <p>12 Foundation. Mischaracterizes.</p> <p>13 A. I disagree with that. Something</p> <p>14 that is not included in this is that in -- I</p> <p>15 don't believe -- I don't recall it was 2009,</p> <p>16 2010, Florida didn't allow prescribing</p> <p>17 physicians to dispense C2 products in the</p> <p>18 doctor's office, so that volume went to some</p> <p>19 pharmacies, including some national pharmacies,</p> <p>20 some retail pharmacies.</p> <p>21 However, I will have to say that</p> <p>22 we took this seriously and we increased our</p> <p>23 scrutiny of Florida stores, including chains.</p> <p>24 Q. And when you say that Florida</p>

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1 prohibited doctors from prescribing and
 2 dispensing the drugs at the same time --
 3 A. They could prescribe, but I
 4 believe they were not allowed to dispense
 5 drugs -- controlled substances that are C2s. I
 6 don't recall the schedules that were included,
 7 but I remember C2 were one of them.
 8 Q. And those --
 9 MS. WICHT: Mr. Quintero, I'm
 10 sorry, could you -- the videographer is
 11 asking if you could move your microphone
 12 up just a little bit, please, because I
 13 think it's rubbing when you're sitting.
 14 THE WITNESS: A little bit more?
 15 Can you hear me okay? Okay.
 16 BY MR. KROEGER:
 17 Q. What you're talking about are the
 18 illicit pain clinics we were talking about
 19 earlier today that you said you're not an expert
 20 so you can't say whether or not they were a
 21 cause of the opioid epidemic?
 22 A. Well, I wouldn't say --
 23 MS. WICHT: Object to the form of
 24 the question.

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1 A. I would be speculating it was in
 2 at least the pain clinic. I think that law
 3 applied to all physicians.
 4 Q. And as the person who was brought
 5 in by Cardinal to help improve and make a more
 6 robust system for anti-diversion, you would
 7 agree, wouldn't you, that the reason, or one of
 8 the reasons, that Florida may have enacted such
 9 a law would be because a lot of people were
 10 illegitimately getting controlled substances
 11 through those pain clinics, wouldn't you?
 12 MS. WICHT: Objection to form.
 13 Foundation. Speculation.
 14 A. I don't know the reason why the
 15 Florida legislature implemented that. We had to
 16 adapt to that reality. I'm assuming that that
 17 also limited the ability of oncologists to
 18 dispense pain medication to cancer patients.
 19 Q. Okay. But as the senior vice
 20 president of QRA brought in, you would agree
 21 that a tremendous amount of illegitimate
 22 controlled substances were gained through those
 23 pain clinics, wouldn't you?
 24 MS. WICHT: Object to the form.

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1 A. I wouldn't say that all of that
 2 volume went to pharmacies. Actually, in a
 3 deposition made by Joe Rannazzisi to Congress,
 4 he said 99 percent of the pharmacies do good
 5 business and they fill prescriptions for
 6 legitimate medical use.
 7 Q. That's not my question in the
 8 slightest.
 9 A. What was your question?
 10 Q. As the senior vice president of
 11 QRA, would you agree, and in your role -- many
 12 roles you've had overseeing anti-diversion,
 13 would you agree that those pain clinics where
 14 there was a doctor prescribing and dispensing
 15 and they were shut down, would you agree that
 16 those were a large contributor to the
 17 illegitimate opioid products getting into the
 18 country?
 19 MS. WICHT: Object to form.
 20 A. I wouldn't know what the
 21 percentage of the pain clinics were doing
 22 illicit business versus doing business that were
 23 not in the best interests of patient. I
 24 couldn't tell you that number.

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1 Q. And since you couldn't tell me
 2 that number, you also couldn't tell me how many
 3 of those illegitimate patients were now getting
 4 their drugs from CVS, could you?
 5 MS. WICHT: Object to form.
 6 Foundation.
 7 A. There's no way for us to know the
 8 reasons why patients are getting their
 9 medications -- I mean, there is government
 10 regulations that prevent us from having access
 11 to individuals' medical records.
 12 ---
 13 (Cardinal-Quintero Exhibit 7 marked.)
 14 ---
 15 BY MR. KROEGER:
 16 Q. I hand you Exhibit 7. It's 3786.
 17 The Bates is CAH_MDL2804_01103874.
 18 A. Uh-huh.
 19 Q. If you would take a look at that
 20 document for me, please.
 21 A. (Witness reviews document.)
 22 Yep.
 23 Q. And this is another e-mail sent
 24 from Nick Rausch to you in 2010; is that right?

<p style="text-align: right;">Page 154</p> <p>1 A. Correct.</p> <p>2 Q. October 22nd, 2010, Nick sent this</p> <p>3 to you?</p> <p>4 A. Correct.</p> <p>5 Q. And on Page 2, you see a specific</p> <p>6 pharmacy that this is in relation to, don't we?</p> <p>7 A. Yeah. It's pharmacy -- CVS</p> <p>8 Pharmacy 219.</p> <p>9 Q. That's a familiar number, right?</p> <p>10 A. Yep.</p> <p>11 Q. So as early as October of 2010,</p> <p>12 you had asked for and received information</p> <p>13 specific to this one pharmacy in Sanford,</p> <p>14 Florida, correct?</p> <p>15 A. Uh-huh.</p> <p>16 MS. WICHT: Object to the form.</p> <p>17 Q. And that pharmacy, as you'll see</p> <p>18 on Page 2, had high quantities when compared to</p> <p>19 other CVS stores, high quantities of oxycodone,</p> <p>20 correct?</p> <p>21 A. Correct.</p> <p>22 Q. In fact, they had 2800 percent</p> <p>23 more than average CVS store over the past three</p> <p>24 months, 725,000 units of oxycodone compared to</p>	<p style="text-align: right;">Page 156</p> <p>1 sure we're on the same page.</p> <p>2 A. Yes, we're on the same page.</p> <p>3 Q. And this is in regard to CVS 219</p> <p>4 and an e-mail dated September 30th, 2010.</p> <p>5 Skipping down to the middle of the paragraph,</p> <p>6 the e-mail stated that, "At that time, CVS</p> <p>7 experienced an increase in sales of oxycodone</p> <p>8 due to the DEA closing stores in the area.</p> <p>9 Again earlier this week, because of our request,</p> <p>10 he sent another e-mail to LP (loss prevention)</p> <p>11 asking them to take a fresh look. He received a</p> <p>12 response yesterday and they have reviewed the</p> <p>13 store's activities and they have been closely</p> <p>14 monitoring store 219 for a couple of weeks.</p> <p>15 "None of these stores show</p> <p>16 significant growth or shrink issues. They</p> <p>17 acknowledge that Florida has been cracking down</p> <p>18 on 'pill mills' and that is driving more</p> <p>19 legitimate traffic to CVS stores."</p> <p>20 Is this the response you're</p> <p>21 talking about?</p> <p>22 MS. WICHT: Object to form.</p> <p>23 A. This is some of the language that</p> <p>24 was used in -- I believe in a memo that was sent</p>
<p style="text-align: right;">Page 155</p> <p>1 average of 25,000. Correct?</p> <p>2 A. Correct.</p> <p>3 Q. So when you received this</p> <p>4 information in 2010, did you report 219 to the</p> <p>5 DEA?</p> <p>6 A. No. We requested to have the</p> <p>7 meeting with CVS to better understand why this</p> <p>8 particular pharmacy had an increase in the</p> <p>9 purchase of some controlled substances. CVS</p> <p>10 committed to do a thorough investigation on the</p> <p>11 reasons why, and they provided us with a</p> <p>12 statement on why those particular stores were</p> <p>13 buying more than the average CVS store.</p> <p>14 Q. Okay. If you'll go back to</p> <p>15 Exhibit 5 for me. It's the 4085. And you'll</p> <p>16 turn to Page 27, please. It's the large one</p> <p>17 we've been doing.</p> <p>18 A. Uh-huh.</p> <p>19 Q. If you will turn to Page 27, I</p> <p>20 think we can find the text of that response.</p> <p>21 A. 27?</p> <p>22 Q. Yes, sir.</p> <p>23 You see at the top how it says,</p> <p>24 "Carter will also testify"? I just want to make</p>	<p style="text-align: right;">Page 157</p> <p>1 back to us.</p> <p>2 Q. What's a "pill mill"?</p> <p>3 A. My understanding of a pill mill is</p> <p>4 a pharmacy that may fill some of their</p> <p>5 prescriptions for other than legitimate medical</p> <p>6 use. But that there's a language here that it</p> <p>7 was driving legitimate traffic to the CVS</p> <p>8 stores.</p> <p>9 Q. So Florida cracks down on pill</p> <p>10 mills, which you acknowledge are places where</p> <p>11 illegitimate pills may be sold, right?</p> <p>12 A. Could be part of the sales of that</p> <p>13 particular store maybe for legitimate medical</p> <p>14 reasons and not for legitimate medical reasons.</p> <p>15 Q. Florida cracks down on those pill</p> <p>16 mills and then suddenly CVS has a growth in</p> <p>17 business?</p> <p>18 MS. WICHT: Object to the form.</p> <p>19 A. If there's less pharmacies in the</p> <p>20 area, I'm assuming that some of that will drive</p> <p>21 legitimate traffic to the CVS stores.</p> <p>22 Q. So if the flow of opioids going to</p> <p>23 pill mills is diverted by the government</p> <p>24 shutting them down, then that flow is going to</p>

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1 go to CVS? Would you agree?

2 MS. WICHT: Object to the form of

3 the question.

4 A. I wouldn't say that would be the

5 case. I'm assuming the pharmacists at CVS were

6 doing their correspondence responsibility in

7 determining whether or not those particular

8 scripts were for legitimate medical purposes and

9 that the traffic -- that additional traffic that

10 they were getting was as a result of other

11 stores in the area that had been closed. That

12 may have had legitimate traffic as well as

13 traffic that is illegitimate.

14 Q. So you're agreeing, then, that

15 there may be illegitimate traffic that had gone

16 to CVS as a result of the pill mills?

17 A. No, I never said that.

18 MS. WICHT: Object to the form of

19 the question.

20 A. I never said that. I said that,

21 you know, my understanding at that time was that

22 the pharmacist at CVS was doing their

23 corresponding responsibility, and according to

24 the text, is that they -- if the traffic that

Page 159

1 was getting to the CVS stores were legitimate

2 traffic, as stated here by -- this document, I

3 think, came from Ruth Carter.

4 Q. So as a senior vice president of

5 QRA, responsible for the entire anti-diversion

6 program of Cardinal Health, is it your testimony

7 that when Florida shuts down these pill mills

8 that you acknowledge are a source of

9 illegitimate opioids, that the resulting flow of

10 opioid patients, people getting opioids, only

11 the legitimate people go to CVS?

12 MS. WICHT: Object to the form.

13 A. The illegitimate?

14 Q. The legitimate.

15 A. Well, I couldn't tell -- I

16 couldn't answer that question, but I can answer

17 that, in addition to this document that we got

18 from CVS, I sent one member of my staff to park

19 in front of store 219 and determine whether

20 there were obvious signs of diversion, like cars

21 with license plates from out of states, long

22 lines. And when he came back to me, he said, I

23 did not see anything unusual in 219.

24 Q. What time did he go? What time of

Page 160

1 day did he go?

2 A. I don't recall the time. I cannot

3 tell you from the top of my head.

4 Q. Morning, afternoon, evening?

5 MS. WICHT: Object to form.

6 A. I cannot remember from the top of

7 my head when he go, but when he went there --

8 and he was there for a period of time -- he did

9 not observe a single sign of diversion. So I

10 mean, I trust his judgment, I -- that his

11 opinion, with the language that we got from CVS,

12 led me to believe that that store at that

13 particular time was operating as any good

14 pharmacy should operate.

15 Q. A store that had a 2800 percent

16 more oxycodone over three months than the

17 average CVS, and you as the senior vice

18 president of QRA for Cardinal Health took CVS's

19 word and one site visit to determine that it was

20 all legitimate traffic?

21 MS. WICHT: Object to the form.

22 Mischaracterizes.

23 A. Based on the information that I

24 received from CVS, as well as our own site

Page 161

1 visit, we did not have a reason to believe that

2 CVS 219 was filling prescriptions other than for

3 legitimate medical purposes.

4 Q. And who did the site visit?

5 A. Chris Forst.

6 Q. And you don't know what time of

7 day Chris Forst went?

8 A. Don't recall.

9 Q. Are you aware that this CVS was

10 selling so much oxycodone that they regularly

11 ran out before noon?

12 MS. WICHT: Object to the form.

13 A. I don't know that.

14 Q. Okay. As senior vice president of

15 QRA, shouldn't you?

16 MS. WICHT: Object to form.

17 A. I don't monitor when drugs are

18 being dispensed. I don't think that that is

19 possible to do.

20 Q. To be clear, are you saying it's

21 not possible for Cardinal to monitor when drugs

22 are being sold? Is that what you just said?

23 A. You will have to have --

24 MS. WICHT: Object to form.

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1 A. You will have to have somebody in
2 front of the store 24/7 to see when the drugs
3 are being filled. If you want me to tell you,
4 you know, my assumption is, customer goes to
5 pharmacies throughout the day, not only at one
6 particular time. I don't even remember if these
7 are 24-hour stores or not. Could be. But it
8 would require having a member of my staff in
9 front of each single pharmacy in the United
10 States to see the dispensing patterns of all
11 those stores.

12 Q. Or it might just require some due
13 diligence; would you agree?

14 MS. WICHT6: Object to the form.
15 Is that a question?

16 MR. KROEGER: It is. I said
17 "would you agree."

18 MS. WICHT: Object to the form.

19 Why don't you answer that before
20 you -- or --

21 A. We did our due diligence.

22 ---

23 (Cardinal-Quintero Exhibit 8 marked.)

24 ---

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1 BY MR. KROEGER:

2 Q. I've handed you 3782,
3 CAH_MDL2804_01087475.

4 THE WITNESS: Is that this one?

5 MS. WICHT: Yes, that's this
6 document. That was the number that he
7 read in, I believe.

8 THE WITNESS: Okay.

9 BY MR. KROEGER:

10 Q. Do you have 3782 at the top?

11 A. Yep.

12 Q. Okay. We can walk through this.

13 This is -- can you tell who this e-mail is from?

14 A. This is from Nick Rausch.

15 Q. When did he send it to you?

16 A. Sent it to me in -- on March 22,
17 2012.

18 Q. And what is it exactly that he is
19 sending you?

20 A. Sending me a PowerPoint
21 presentation of CVS stores that were being
22 reviewed.

23 Q. When were they being reviewed?

24 A. I'm assuming in -- when he sent me

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1 the e-mail.

2 Q. Okay. And that's -- I wanted to
3 try to clarify. So if you could stay on the
4 first page real quick. Just -- I want to make
5 clear what this is.

6 It says, "Gilberto, per your
7 request, attached please find the presentation
8 prepared for the December 2010 meeting with
9 CVS."

10 A. Okay. So it's likely that it was
11 for a presentation that we made to CVS in 2010.

12 Q. Do you remember that meeting in
13 2010 that you had with CVS?

14 A. Yes, I remember that meeting.

15 Q. And the purpose of that meeting
16 was what?

17 A. Was to discuss with CVS our -- I
18 need to -- can I go over the slides just to
19 refresh my mind first?

20 Q. Absolutely.

21 A. (Witness reviews document.)
22 (Pause in proceedings.)

23 A. Yes.

24 Q. Do you recall this presentation?

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1 A. Yeah, I remember this presentation
2 now.

3 Q. And this was from a meeting that
4 you were personally at with CVS in 2010?

5 A. I was with Michael Moné and some
6 of the members of the CVS management team.

7 Q. But you were personally there?

8 A. I was there.

9 Q. Okay. And it was December of 2010
10 that you had the meeting?

11 A. It appears that was the date. I
12 don't have any reason to believe that it did not
13 occur during December 2010.

14 Q. If you turn to Page 5 of this.

15 A. You asked me first, and I didn't
16 answer your question, which I don't know if I
17 should, is what was the purpose of the meeting.

18 Q. Go ahead.

19 A. Do you want me to answer that
20 question?

21 Q. Sure.

22 A. Should we -- sorry about that.

23 MS. WICHT: I won't object to the
24 witness' own question. That's okay.

<p style="text-align: right;">Page 166</p> <p>1 Go ahead.</p> <p>2 A. The purpose of the meeting was to</p> <p>3 go over our program with CVS and provide them</p> <p>4 with a few of -- some stores that we needed more</p> <p>5 information.</p> <p>6 Q. Okay. And on Page 5, CVS stores</p> <p>7 created 468 suspicious order monitoring events</p> <p>8 in 2010.</p> <p>9 A. Uh-huh.</p> <p>10 Q. How many of those were resolved</p> <p>11 with the order being released?</p> <p>12 A. I could not say that.</p> <p>13 Q. If you look down the slides, you</p> <p>14 can.</p> <p>15 A. I guess, according to this</p> <p>16 document, it's 90 percent of them were reviewed</p> <p>17 and resolved and the order was released.</p> <p>18 Q. So that means that there was a</p> <p>19 suspicious order monitoring event and -- 468 of</p> <p>20 them, and 90 percent of the time those orders</p> <p>21 were reviewed and released, correct?</p> <p>22 A. According to this document, that's</p> <p>23 what it says, yes.</p> <p>24 Q. And 6 percent of the 468</p>	<p style="text-align: right;">Page 168</p> <p>1 Q. November of 2010, quantity is 537</p> <p>2 percent above CVS store monthly average of 8300</p> <p>3 dosage units.</p> <p>4 A. Uh-huh.</p> <p>5 Q. That caused concern?</p> <p>6 MS. WICHT: Object to the form.</p> <p>7 Q. That caused Cardinal some concern,</p> <p>8 didn't it?</p> <p>9 A. That caused, you know, us being</p> <p>10 concern of wanting to have more information</p> <p>11 about that particular store.</p> <p>12 Q. And if that had been an</p> <p>13 independent retail pharmacy, would you have</p> <p>14 asked that independent retail pharmacy the</p> <p>15 reason, or would you have done your own due</p> <p>16 diligence?</p> <p>17 MS. WICHT: Object to form.</p> <p>18 A. We would have first called the</p> <p>19 pharmacy to try to understand the reason.</p> <p>20 Q. And if they gave you any reason at</p> <p>21 all, would you just accept it?</p> <p>22 MS. WICHT: Object to form.</p> <p>23 A. Depending on the reason that it is</p> <p>24 and whether or not it seems credible or not.</p>
<p style="text-align: right;">Page 167</p> <p>1 suspicious order monitoring events were</p> <p>2 confirmed order entry errors; is that right?</p> <p>3 A. That's what it says there.</p> <p>4 Q. So then, does that mean that only</p> <p>5 4 percent of the 468 suspicious order monitoring</p> <p>6 events had any issue at all that was suspicious?</p> <p>7 MS. WICHT: Object to the form of</p> <p>8 the question.</p> <p>9 A. I wouldn't say that the event</p> <p>10 itself, just by hitting the threshold was</p> <p>11 suspicious, it required the analysts or the</p> <p>12 investigators to do additional evaluation and do</p> <p>13 that determination.</p> <p>14 Q. Do you know what evaluation they</p> <p>15 did?</p> <p>16 A. I don't recall. This was -- this</p> <p>17 happened in 2010, so I don't recall exactly what</p> <p>18 was going on. I recall that we requested CVS</p> <p>19 additional information about the stores that are</p> <p>20 listed in this document.</p> <p>21 Q. So if we turn to Page 11, CVS</p> <p>22 pharmacy 1136, November of 2010.</p> <p>23 Do you see that?</p> <p>24 A. Uh-huh.</p>	<p style="text-align: right;">Page 169</p> <p>1 Q. What's a credible reason for 537</p> <p>2 percent above the monthly average of 8300 dosage</p> <p>3 units?</p> <p>4 MS. WICHT: Object to form.</p> <p>5 A. There could be many valid reasons.</p> <p>6 I don't know for this particular one, but I can</p> <p>7 tell you that sometimes, pharmacies take over</p> <p>8 hospices to provide drugs to cancer patients</p> <p>9 that are about to die and they have a new</p> <p>10 account with a hospice, or there may be a new</p> <p>11 hospital opening nearby. There are many -- it</p> <p>12 could be they bought, you know, the script</p> <p>13 from -- the account from other pharmacies that</p> <p>14 closed in the nearby area.</p> <p>15 Q. Okay.</p> <p>16 A. So there are many reasons for</p> <p>17 that. And these particular reasons, I do not</p> <p>18 recall from the top of my head.</p> <p>19 Q. As senior vice president of QRA at</p> <p>20 the time, is that something you would like to</p> <p>21 have known?</p> <p>22 MS. WICHT: Object to form.</p> <p>23 A. Our process, as I described</p> <p>24 before, and during this deposition, is we had an</p>

<p style="text-align: right;">Page 170</p> <p>1 agreement with DEA that we will use the 2 investigations from the chain pharmacies to help 3 us reach our own conclusions. 4 In this particular case, I 5 remember asking the members of the CVS staff to 6 do an investigation of all these particular 7 stores and to get to me back in writing the 8 conclusions of their investigations, which they 9 did at a future date. 10 Q. Okay. To try to summarize what I 11 think you just said -- I want to be clear -- it 12 sounds to me as if you're saying that you 13 believed the DEA had told Cardinal that you 14 could rely on CVS to do the due diligence as to 15 these kinds of suspicious orders, and because of 16 that agreement with the DEA, CVS gave you a 17 reason that you found sufficient, then you 18 needed to do nothing more? 19 MS. WICHT: Object to form. 20 A. I'm not saying that. In many 21 cases we did more investigation, our own 22 investigations, like what I showed you in 219. 23 CVS gave us a reason. I wanted to confirm that 24 the reason was credible, so I sent my own</p>	<p style="text-align: right;">Page 172</p> <p>1 in their stores. But they do not have a vault, 2 so we are their primary supplier of controlled 3 substances, at least for those stores in that 4 region of the country. 5 Q. So because they don't have a 6 vault, a nearly 7,000 percent over monthly 7 average isn't concerning? 8 A. That was -- 9 MS. WICHT: Object to form. 10 A. That wasn't the question that you 11 asked me. You asked me if 60 percent of the 12 purchases, if that was concerning that they were 13 controlled substances. And I said, probably not 14 because we had the agreement with CVS because 15 they don't a vault, we supply all of their C2. 16 They supply most of their other drugs out of 17 their own warehouses. 18 Q. Including, at that time, 19 hydrocodone? 20 A. I don't recall at that time if 21 that particular warehouse that CVS was using had 22 a vault. 23 Q. And if you'll turn to Page 13. 24 Again, another CVS with, this time, 453 percent</p>
<p style="text-align: right;">Page 171</p> <p>1 investigator to CVS 219 to do a surveillance 2 inspection of that particular pharmacy, and he 3 didn't find a single sign of diversion at that 4 time. 5 Q. Okay. If you turn to Page 12 for 6 me, please. This is another CVS. CVS Pharmacy 7 0174. And another November 2010 quantity. This 8 one is 6977 percent above CVS store monthly 9 average of 700. And that causes Cardinal some 10 concern, doesn't it? 11 MS. WICHT: Object to form. 12 A. It gave us concern and we wanted 13 to know the reasons why the store had an 14 increased volume for particular controlled 15 substances. We wanted an explanation -- 16 investigation and an explanation in writing from 17 CVS, which they submitted at a later time. 18 Q. And in this particular case, store 19 174, over 60 percent of purchases are for 20 controlled substances. 21 Would that be a red flag to you? 22 A. Not necessarily, because CVS 23 warehouses all their noncontrolled substances. 24 We only sell a fraction of what CVS store sells</p>	<p style="text-align: right;">Page 173</p> <p>1 above CVS store monthly average of dosage units 2 of oxycodone. Right? 3 A. Yep. That's what it says in the 4 document. 5 Q. And that caused you concern, is 6 Cardinal Health distributing that much oxycodone 7 to a single CVS store? 8 A. The increase gave us concern. 9 That's why we met with CVS. We expressed our 10 concerns, and we requested an investigation of 11 these stores that are listed in this document. 12 Q. And on Page 14, CVS 3639 had a 244 13 percent above CVS monthly average of 8,300; is 14 that right? 15 A. Correct. That's what it says in 16 the document. 17 Q. And again, that caused Cardinal 18 concern? 19 A. All the stores that are presented 20 in this document we highlighted as stores that 21 we needed more information from CVS. 22 Q. Okay. 23 A. So the answer is the same for all 24 the stores. We wanted to have additional</p>

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1 information from CVS. Our system were to
2 identify stores that we needed additional
3 information, and according to our process and
4 the agreement that we had with the agency, we
5 executed that. And on top of that, we sent
6 people with some of the stores to do
7 surveillance inspections.

8 Q. And some of these stores in
9 particular?

10 A. Well, I don't know if this store,
11 but some of the CVS stores we have performed
12 surveillance inspections.

13 Q. Well, these are the stores that in
14 December of 2010 you thought suspicious enough
15 that you wanted to bring it to CVS's attention
16 directly, right?

17 A. Yep. And --

18 MS. WICHT: Object to the form of
19 the question.

20 A. -- these were stores that the data
21 provided here gave -- an analysis that we did
22 highlighted these stores as stores that we
23 needed additional information and that we
24 requested additional information from CVS. We

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1 requested for them to do an investigation of
2 each one of those stores and to provide us with
3 the conclusion of their investigation.

4 Q. And for any of these stores, did
5 Cardinal do any of its own due diligence, aside
6 from asking CVS?

7 MS. WICHT: Object to the form.

8 A. Right now, I recall me asking
9 about going to 219, but I'm not in a position to
10 say whether or not we went to any of these
11 stores. Michael Moné may have made that
12 request. Nick Rausch may have made that
13 request. I do not remember that. I do not
14 know.

15 Q. Anything besides site visits that
16 you can recall for any of these stores that
17 Cardinal did with regard to due diligence?

18 A. I know there were conversations
19 between Michael and members of the CVS
20 anti-diversion program.

21 Q. And all of that would be
22 documented in the due diligence files for each
23 of these stores?

24 MS. WICHT: Object to the form.

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1 A. I cannot tell you whether or not
2 we documented every single conversation that we
3 had with CVS.

4 Q. Can you tell me that Cardinal
5 documented the due diligence that you did with
6 regard to these stores?

7 A. We documented, you know --

8 MS. WICHT: Object to the form.

9 A. -- the outcome of our presentation
10 to CVS and also the conclusion of their
11 investigation. I know that for a fact, because
12 I remember seeing those documents. Anything
13 else, I'm not into the day-to-day execution of
14 the program, so you're asking me for questions
15 that are based on day-to-day execution, and I'm
16 not the best person to answer those.

17 Q. No. But you, at this time,
18 oversaw all of those people and were responsible
19 for them following the law, weren't you?

20 A. I over --

21 MS. WICHT: Object to the form of
22 the question.

23 A. I oversee over 2,000 people in my
24 department. I don't have intimate knowledge of

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1 what each one of those members in my department
2 execute on a daily basis.

3 Q. Ultimately, the responsibility
4 comes all the way up to you for them doing their
5 job correctly, though, doesn't it?

6 A. I have responsibility --

7 MS. WICHT: Object to the form.

8 A. I have responsibility for having
9 programs to help Cardinal Health meet all of the
10 regulatory requirements.

11 Q. Okay. And so you said for each of
12 these stores, you -- the purpose of this meeting
13 was to have CVS look into these stores and then
14 they would let you know what they found?

15 A. Correct.

16 Q. And that was the due diligence you
17 were going to do for these particular stores, to
18 your knowledge?

19 MS. WICHT: Object to form.

20 A. Based on the agreement that we had
21 with DEA in 2009, the process was, when we had a
22 concern about a chain store is to have the chain
23 stores perform an investigation on any pharmacy
24 that belonged to them that we had, you know, the

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1 need for additional information.
2 Q. Okay. And after that December
3 2010 meeting, CVS got back to you with the
4 results of their investigation, correct?
5 A. CVS wrote us a memo.
6 ---
7 (Cardinal-Quintero Exhibit 9 marked.)
8 ---
9 BY MR. KROEGER:
10 Q. I'm going to hand you what's been
11 marked as Exhibit 9. It's 4334. It is
12 CAH_MDL_PRIORPROD_DEA12_00011853.
13 A. Uh-huh.
14 Q. If you would look at that,
15 Mr. Quintero. Is this the memo that you're
16 talking about that CVS got back to you?
17 A. (Witness reviews document.)
18 (Pause in proceedings.)
19 A. Yes, this is the -- one of the
20 memos that I'm talking about.
21 Q. Were there any other memos that
22 they may have sent?
23 A. I wouldn't know, but I remember
24 seeing this particular one.

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1 Q. And if they had sent any other,
2 would those go in the due diligence files for
3 those particular stores?
4 MS. WICHT: Object to the form.
5 A. I'm assuming they are in the
6 possession of somebody at Cardinal Health. I
7 would assume that.
8 Q. But this isn't something that
9 would go into a due diligence file for store
10 174, for instance?
11 A. It will go to -- it will be filed.
12 But like I told you before, I don't have an
13 intimate knowledge of what -- every single
14 activity that is done out of the 2000 people
15 that report into my organization. So my
16 assumption is they have some kind of filing
17 system, and I recall this document. This
18 document was important to me because I was part
19 of that meeting, so I requested to see this
20 document.
21 Q. And as senior vice president of
22 QRA for Cardinal at this time, you don't know
23 what goes into the due diligence files?
24 A. I know --

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1 MS. WICHT: Object to form.
2 A. I know information that goes into
3 the due diligence file, but you were asking me
4 if every single document goes into due diligence
5 file, and I couldn't tell you that.
6 Q. So you know what goes into it but
7 you don't know what doesn't go into it?
8 MS. WICHT: Object to the form.
9 Q. I'm unclear.
10 A. Unclear about what?
11 Q. About what you mean when you say
12 you know what goes into the due diligence files
13 but you don't know if this would have gone into
14 it or not.
15 A. I know about the content of some
16 due diligence files because I have seen some of
17 the due diligence files. Can I tell you that I
18 know every single document that goes into a due
19 diligence files? I don't think that I can tell
20 you that.
21 Q. And after you had this
22 presentation -- or Cardinal had this
23 presentation with CVS in December of 2010, CVS,
24 as we go down to the last two paragraphs of this

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1 page, Page 1, they let you know that they --
2 that teams interviewed pharmacy staff, reviewed
3 controlled substance ordering, receiving and
4 dispensing procedures, controlled substance
5 records and reports and security. The teams
6 also audited certain drugs.
7 Do you know which drugs?
8 A. No, I don't know what drugs they
9 were referring to.
10 Q. Okay. But CVS let you know that
11 they audited certain drugs?
12 A. They did that.
13 Q. Do you know which pharmacy staff
14 they interviewed?
15 A. In the previous paragraph that you
16 are not reading, it says they met with CVS
17 stores 0174, Daytona Beach; 1136 in Homestead;
18 2732 Hollywood; 2848 in Pompano Beach; and
19 3939 -- 36 -- pardon me, 3639 in Bushnell.
20 I'm assuming -- the assumption is
21 that they visited those stores and they talked
22 to personnel from those stores, including
23 pharmacy staff, according to the previous
24 paragraph.

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1 Q. Right. But you don't know which
2 pharmacy staff at those various stores that they
3 talked to?
4 A. It indicates pharmacy staff.
5 Q. And my question to you is: Do you
6 know which pharmacy staff they spoke to at those
7 stores?
8 A. I could not tell you. I would be
9 speculating if I tell you which pharmacy staff.
10 Q. But you're aware there are
11 multiple different types of jobs and roles and
12 positions in a pharmacy, right?
13 MS. WICHT: Object to the form.
14 A. In a pharmacy, there may be
15 different people at the pharmacy.
16 Q. Pharmacists in charge, or
17 pharmacist tech; any number of different
18 positions in a pharmacy, right?
19 A. Uh-huh.
20 Q. But you can't say which of those
21 staff members CVS may or may not have spoken to
22 at these stores?
23 MS. WICHT: Object to the form.
24 A. Or in the previous paragraph, two

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1 paragraphs before that, they talk about meeting
2 with the pharmacist at the site to make sure
3 that they understood, you know, the
4 dispensing --
5 Q. Go ahead and read directly from
6 it, if you don't mind.
7 A. "Since our meeting, CVS has
8 undertaken action to address your concerns about
9 those specific pharmacies to address suspicious
10 ordering and dispensing generally. CVS has
11 distributed guidelines that reinforce the
12 company's position that pharmacists use their
13 professional judgment when determining whether
14 to fill prescriptions.
15 "The guidelines identify
16 inappropriate prescription-seeking behavior and
17 advise pharmacists how to minimize risk of
18 dispensing for other than legitimate
19 prescriptions."
20 Q. So this paragraph doesn't say that
21 CVS went and interviewed pharmacists; it says
22 that it sent guidelines to those pharmacists,
23 correct?
24 MS. WICHT: Object to the form.

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1 A. My assumption, when reading the
2 letter, is that the team interviewed pharmacy
3 staff included pharmacists, because they're the
4 one dispensing the product.
5 Q. But you don't know that based on
6 what CVS told you, do you?
7 A. I think that would be a good
8 assumption to make, based on this memo.
9 Q. So when you take the time to meet
10 with CVS, present to them a number of stores
11 that cause Cardinal concern, you as a senior
12 vice president of QRA feel comfortable basing
13 your decision to continue shipping to these
14 stores on an assumption that they must have
15 talked to the pharmacist?
16 MS. WICHT: Object to form.
17 Mischaracterizes.
18 A. It is not -- not on the
19 assumption. This is based on the facts that CVS
20 conducted an investigation of those particular
21 pharmacies and that they deemed that those
22 pharmacies were dispensing product for
23 legitimate medical purpose.
24 Q. What receiving --

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1 A. As stated in the last paragraph of
2 Page 1.
3 Q. We'll get there.
4 What receiving and dispensing
5 procedures did CVS review with -- in this
6 investigation?
7 A. I don't know the details of that.
8 I wasn't there during the investigation.
9 Q. No, you weren't.
10 What controlled substance records
11 and reports did they review?
12 A. I wasn't there during the
13 investigation, so I cannot tell you that.
14 Q. What security did they review?
15 A. I cannot tell you that because I
16 was not part of the investigation.
17 Q. But CVS told you that they did
18 some sort of a review of all of these things,
19 but you don't know what specifically they
20 reviewed, do you?
21 MS. WICHT: Objection. Asked and
22 answered.
23 A. Can you repeat the question again?
24 Q. CVS told you that they reviewed a

<p style="text-align: right;">Page 186</p> <p>1 number of different things, but you don't 2 actually know what specifically they reviewed. 3 You don't know which pharmacy staff they 4 interviewed, do you? 5 MS. WICHT: Objection. Asked and 6 answered. 7 A. Here it's stated on Paragraph -- 8 "The teams interviewed pharmacy staff, reviewed 9 controlled substances ordering, receiving, 10 dispensing procedures, controlled substances 11 records and report and security. The teams also 12 audited certain drugs." 13 But it chose that they did an 14 investigation, including those elements listed 15 in -- in Paragraph 4. 16 Q. And again, the question, though, 17 is: The specifics of those reviews, you don't 18 know anything more than what's right here, do 19 you? 20 A. Again, I have -- 21 MS. WICHT: Objection. Asked and 22 answered. 23 A. I have told you that I was not a 24 party in the audit, so I cannot tell you the</p>	<p style="text-align: right;">Page 188</p> <p>1 the proportion of opiates that is their business 2 versus other business. 3 Q. Would you agree, though, that 4 whatever proportion it is, it could be directly 5 impacted by Cardinal deciding not to sell 6 opioids to CVS? 7 MS. WICHT: Object to form. Calls 8 for speculation. 9 A. That would be speculating if I 10 give you a specific answer. I do not know that. 11 Q. And counsel has done a good job of 12 guiding you into that answer. But would you 13 agree that CVS, as a public corporation that has 14 a profit motive, would lose some profits if it 15 was no longer able to sell opioids that Cardinal 16 distributed? 17 MS. WICHT: Object to form. Calls 18 for speculation. 19 MR. KROEGER: Can you keep it to 20 object to form, please? 21 MS. WICHT: I understand you're 22 accusing me of coaching. You're asking 23 the witness to testify about the profit 24 structure and the income of an entirely</p>
<p style="text-align: right;">Page 187</p> <p>1 specifics of it, but I trust that CVS did what 2 they committed to us, which was to do an 3 investigation based on the data that we 4 presented to them and that the investigation was 5 valid. 6 Q. Do you know if CVS has any sort of 7 profit motive in their business model? 8 MS. WICHT: Object to the form. 9 A. I don't understand -- 10 MS. WICHT: And speculation. 11 A. I don't understand the question. 12 Q. Do you think that CVS is a 13 corporation that seeks to make profits? 14 MS. WICHT: Object to the form. 15 A. I believe CVS is a public company, 16 that like all the public companies, seek to make 17 a profit. 18 Q. And would you agree that if CVS 19 doesn't receive opioids from Cardinal, they will 20 lose some of those profits because they can't 21 sell them? 22 MS. WICHT: Object to form. Calls 23 for speculation. 24 A. I wouldn't -- I couldn't tell you</p>	<p style="text-align: right;">Page 189</p> <p>1 separate company. 2 MR. KROEGER: All objections are 3 to be as to form only. 4 MS. WICHT: Object to form. Calls 5 for speculation. 6 A. You know, if -- I don't even know 7 if -- there are sometimes that you have to carry 8 products in a supermarket that makes no profit, 9 but you have to have it in order for the -- to 10 be a complete offering. I don't know if they 11 sold -- I mean, what are the profits of opioids 12 for CVS? I don't work there. 13 And even if I work there, I'm a 14 quality professional, not a salesperson or in 15 the finance department to determine what is the 16 profit margin on opioids that they made. I 17 don't know that. I don't even know if that will 18 stop other customers from going to the store. I 19 do not know that. I would be speculating. 20 You're asking me to answer something that I have 21 no knowledge of. 22 Q. You were the senior vice president 23 of QRA at Cardinal Health, correct? 24 A. I am.</p>

<p style="text-align: right;">Page 190</p> <p>1 Q. And in that role, a primary duty</p> <p>2 was to ensure a robust anti-diversion program</p> <p>3 from Cardinal, correct?</p> <p>4 A. It requires us to meet our</p> <p>5 regulatory requirements, yes.</p> <p>6 Q. And the only reason -- well,</p> <p>7 you're now also saying that you don't know if</p> <p>8 opioids are profitable for CVS?</p> <p>9 A. I don't know the profit structure</p> <p>10 of -- CVS has on opioids. I cannot tell you</p> <p>11 that.</p> <p>12 Q. You won't even go so far as to say</p> <p>13 that you believe, as someone who has worked with</p> <p>14 CVS and who has worked in the business world,</p> <p>15 you won't even go so far as to say that CVS</p> <p>16 likely profits off of opioids?</p> <p>17 MS. WICHT: Object to the form.</p> <p>18 A. I cannot tell you the answer to</p> <p>19 that because I would be speculating. I don't</p> <p>20 know how much money they make in opioids, what</p> <p>21 are the investment that they have to do to be</p> <p>22 able to sell opioids. So I cannot tell you</p> <p>23 that. I mean, you're asking me to answer a</p> <p>24 question that is beyond my understanding about</p>	<p style="text-align: right;">Page 192</p> <p>1 Cardinal; is that right?</p> <p>2 MS. WICHT: Object to the form.</p> <p>3 A. And there's more language in there</p> <p>4 on the second page, too.</p> <p>5 Q. But that paragraph, is that</p> <p>6 correct?</p> <p>7 A. That paragraph that you read is in</p> <p>8 the letter, yes, correct.</p> <p>9 Q. So based on some sort of a review</p> <p>10 that you weren't a part of, so you don't know</p> <p>11 the details of, CVS has told you that they found</p> <p>12 no evidence of controlled substance diversion or</p> <p>13 significant losses?</p> <p>14 A. That's the information --</p> <p>15 MS. WICHT: Object to the form.</p> <p>16 A. That's the information that was</p> <p>17 provided to us by CVS.</p> <p>18 Q. And then if we turn to the last</p> <p>19 paragraph that you were -- based on that review</p> <p>20 that you don't know the details of, CVS is</p> <p>21 telling you, "CVS is comfortable with Cardinal</p> <p>22 continuing to ship controlled substances to</p> <p>23 these pharmacies and look forward to continuing</p> <p>24 to work with you to address matters of mutual</p>
<p style="text-align: right;">Page 191</p> <p>1 CVS business model.</p> <p>2 Q. I'm asking you to answer a real</p> <p>3 world question about the fact that opioids are</p> <p>4 profitable for corporations.</p> <p>5 MS. WICHT: Is that a question?</p> <p>6 MR. KROEGER: Yeah.</p> <p>7 MS. WICHT: What's the question?</p> <p>8 BY MR. KROEGER:</p> <p>9 Q. Can you tell me if they are?</p> <p>10 MS. WICHT: Object to the form.</p> <p>11 Calls for speculation.</p> <p>12 A. Yeah. I would be speculating,</p> <p>13 so...</p> <p>14 Q. Okay. So then, let's move down to</p> <p>15 the final paragraph on Page 1. CVS's conclusion</p> <p>16 that they sent to you, "The teams found no</p> <p>17 evidence of controlled substance diversion or</p> <p>18 significant losses. CVS is confident that</p> <p>19 pharmacists and their staff at these pharmacies</p> <p>20 understand how to minimize the risk of</p> <p>21 dispensing controlled substances, particularly</p> <p>22 opioids for pain management for nonlegitimate</p> <p>23 purposes."</p> <p>24 That's the conclusion CVS sent to</p>	<p style="text-align: right;">Page 193</p> <p>1 concern. Please let me know if you still have</p> <p>2 concerns about these pharmacies or if you have</p> <p>3 concerns about others."</p> <p>4 A. Uh-huh.</p> <p>5 Q. So after a meeting with CVS in</p> <p>6 December of 2010, where you outlined a number of</p> <p>7 pharmacies that had anywhere from 200 percent</p> <p>8 over the average to 6,799 percent over the</p> <p>9 average, this is the result of CVS's due</p> <p>10 diligence, correct?</p> <p>11 MS. WICHT: Object to the form.</p> <p>12 A. This is a summary of the</p> <p>13 conclusion of their investigation.</p> <p>14 Q. And it's based on this summary of</p> <p>15 their conclusion of their investigation that</p> <p>16 Cardinal determined it was appropriate to</p> <p>17 continue shipping to these individual CVS</p> <p>18 stores, correct?</p> <p>19 MS. WICHT: Object to the form.</p> <p>20 A. We didn't have any reason to</p> <p>21 believe that the information provided to us was</p> <p>22 not valid.</p> <p>23 Q. What reason did you have to</p> <p>24 believe that it was valid?</p>

<p style="text-align: right;">Page 194</p> <p>1 A. Is that representations that they 2 make to us, the meeting that we had with them, 3 they expressed, you know, concerns that we were 4 concerned about these stores, and they committed 5 to do thorough investigations on these 6 particular pharmacies. 7 Q. And at no point did Cardinal do 8 any of its own due diligence on these 9 pharmacies? 10 MS. WICHT: Object to the form. 11 Mischaracterizes his prior testimony. 12 A. Like I told you, you know, we, you 13 know, kept looking at trends of pharmacies. We, 14 on occasion, visited CVS pharmacy. I cannot 15 tell you which specific one. The only one that 16 I recall from the top of my head is 219. It is 17 possible that we went to some other stores. 18 Q. Later in 2011 -- 19 MS. WICHT: Would it be a good 20 time for a short break? 21 MR. KROEGER: Now is fine. 22 VIDEOGRAPHER: Time is now 11:14. 23 Going off the record. 24 (Recess taken.)</p>	<p style="text-align: right;">Page 196</p> <p>1 at one point. 2 Q. And one of the things that was 3 requested is in Paragraph c -- 2c, do you see 4 that, "To inspect all records, files, papers, 5 processes, controls, facilities appropriate for 6 verification of the records, reports and 7 documents required to be kept under the 8 provisions of the act and regulations 9 promulgated thereunder." 10 Do you see that? 11 A. Correct. 12 Q. Now, this is a warrant served on 13 Cardinal with regard to Lakeland Distribution 14 Center, correct? 15 A. Correct. 16 Q. And this is the DEA telling 17 Cardinal that we want more information about 18 Lakeland Distribution Center, correct? 19 MS. WICHT: Object to the form. 20 A. This is an inform -- I mean, a 21 warrant for inspection, which some of the 22 requirements have to inspect records and they 23 ask for records. 24 Q. And they're looking</p>
<p style="text-align: right;">Page 195</p> <p>1 VIDEOGRAPHER: Time is now 11:33. 2 Back on the record. 3 BY MR. KROEGER: 4 Q. Mr. Quintero, we have talked a bit 5 about what happened in terms of the DEA action 6 against Cardinal in late 2011, early 2012 today. 7 The first thing that happened, 8 though, was that an administrative investigative 9 warrant was served? 10 A. (Nods head.) 11 Q. Do you recall that being served? 12 A. Yes, I do. 13 Q. Did you see a copy of it? 14 A. I saw a copy of that at that time. 15 --- 16 (Cardinal-Quintero Exhibit 10 marked.) 17 --- 18 BY MR. KROEGER: 19 Q. This will be Exhibit 10. It's 20 3776. And the Bates is 21 CAH_MDL_PRIORPROD_DEA12_00003808. 22 So this is the warrant for 23 inspection. Did you receive this at some point? 24 A. Yes, we did. I got a copy of this</p>	<p style="text-align: right;">Page 197</p> <p>1 specifically -- at least one part of what 2 they're looking for are the records that are 3 required to be kept under the act, the 4 Controlled Substances Act, correct? 5 A. Correct. 6 Q. And if Cardinal has an agreement 7 with the DEA and an understanding in terms of 8 what their obligations are to -- as to what to 9 record and report, then Cardinal should have 10 what the DEA's looking for under the provisions 11 of the act. Wouldn't you agree? 12 MS. WICHT: Object to the form. 13 Calls for a legal conclusion, I think, 14 if I'm understanding it. 15 A. We should have the records that 16 are required. Per the regulations, we should 17 have that. 18 Q. Okay. And was Cardinal or was 19 Cardinal not keeping proper records of its due 20 diligence during -- prior to October 26, 2011? 21 MS. WICHT: Object to the form. 22 A. My understanding is Cardinal 23 Health has always kept all the records required 24 per the regulations.</p>

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<p>1 Q. And was Cardinal Health, prior to 2 October 26th, 2011, doing all of the due 3 diligence that had been required of it? 4 MS. WICHT: Object to the form. 5 A. What was the question again? 6 Q. Was Cardinal, prior to 7 October 26th, 2011, doing all of the due 8 diligence required of it with regard to 9 controlled substances? 10 MS. WICHT: Object to the form. 11 A. We were executing according to the 12 regulatory requirement stated in the act. 13 Q. And you were keeping records of 14 such due diligence actions, correct? 15 MS. WICHT: Object to the form. 16 A. We were keeping records that are 17 required by the act to be kept. 18 Q. So when you received this warrant 19 to inspect from the DEA, you should be able to 20 comply and show them that Cardinal has done its 21 due diligence, correct? 22 MS. WICHT: Object to the form. 23 A. We should provide the agency with 24 all the records that are required, per the</p>	<p>1 provided all of those records that you did keep 2 because you were required to, that showed you 3 did the due diligence that you were required to, 4 that if you had provided that to the DEA, this 5 investigation would likely end? 6 MS. WICHT: Object to the form. 7 Foundation. Speculation. 8 A. I need to hear the question again. 9 Q. Sure. And I know it's -- it's -- 10 would you agree that because Cardinal was doing 11 what it was supposed to do under its due 12 diligence requirements and keeping records of 13 all such actions, that if Cardinal provided all 14 of those records to the DEA in response to this 15 warrant, that the investigation would likely 16 end? 17 MS. WICHT: Object to the form. 18 Foundation. Speculation. 19 A. I would be speculating if I say 20 that. I know that we kept all the records that 21 were required by the regulations, and we 22 provided all the records that the regulations 23 required to the agency. 24 Q. Okay. So in your mind -- and your</p>
Page 199	Page 201
<p>1 regulations. 2 Q. Are there records required of 3 Cardinal that are not in the regulation? 4 A. That are required of Cardinal? 5 Q. Yeah. 6 A. The only records that are required 7 are the ones that are in the regulation, right? 8 Q. I would imagine. And so I'm 9 asking -- because you said, we kept all of the 10 records that were required of the regulation, 11 correct? 12 A. Yeah. And we filed those with the 13 DEA, like the ARCOS report. 14 Q. Okay. And you did all of the due 15 diligence that was required of the act, as well, 16 correct? 17 MS. WICHT: Object to the form. 18 Foundation. Calls for a legal 19 conclusion. 20 A. We -- what I'm telling you, we did 21 everything that was required per the regulation 22 that we had to do. 23 Q. So, then, wouldn't the 24 conclusion -- logical conclusion be that if you</p>	<p>1 testimony is that Cardinal had complied 2 completely with the regulations, both with 3 regard to due diligence and recordkeeping as to 4 that due diligence, correct? 5 MS. WICHT: Object to the form. 6 Foundation. 7 A. I mean, I keep stating that we 8 provided all the records that are required by 9 the regulation. To the best of my knowledge, we 10 did that, and there's not missing records that 11 we did not provide to the agency that are 12 required by regulations. 13 Q. Okay. And you have no reason, 14 sitting here today, as having been the senior VP 15 of QRA back in October of 2011, to believe that 16 Cardinal didn't do its due diligence, do you? 17 MS. WICHT: Object to the form. 18 A. I do not have any reason to 19 believe that we did not meet the requirements of 20 the regulations in 2011, as you stated. 21 Q. Okay. 22 - - - 23 (Cardinal-Quintero Exhibit 11 marked.) 24 - - -</p>

<p style="text-align: right;">Page 202</p> <p>1 BY MR. KROEGER:</p> <p>2 Q. I'm going to hand you what's been</p> <p>3 marked as Exhibit 11. It's 3773.</p> <p>4 (Pause in proceedings.)</p> <p>5 A. Yes.</p> <p>6 Q. So, Mr. Quintero, per the e-mail,</p> <p>7 you can see that this document is from Monday,</p> <p>8 October 31st, 2011, correct?</p> <p>9 A. Correct.</p> <p>10 Q. If we go to Page 3 of the exhibit,</p> <p>11 we see the actual release that was sent as an</p> <p>12 attachment to that e-mail?</p> <p>13 MS. WICHT: Object to the form.</p> <p>14 Q. Correct?</p> <p>15 A. What date are you referring to?</p> <p>16 October 31st?</p> <p>17 Q. Yes, sir.</p> <p>18 A. I'm assuming that's the date this</p> <p>19 version was approved.</p> <p>20 Q. Correct. Because it says,</p> <p>21 "Approved version, October 31st, 4:00 p.m.</p> <p>22 eastern."</p> <p>23 A. Yeah. I don't know when it was</p> <p>24 sent out.</p>	<p style="text-align: right;">Page 204</p> <p>1 MS. WICHT: Object to the form.</p> <p>2 A. What was the date the warrant was</p> <p>3 served?</p> <p>4 Q. October 26th, 2011.</p> <p>5 A. I see October 25. I see it signed</p> <p>6 on 25. I don't see when it was served.</p> <p>7 Q. Okay. 25, 26.</p> <p>8 A. Okay.</p> <p>9 Q. Within a week of the warrant being</p> <p>10 served on Cardinal.</p> <p>11 And Cardinal's response -- well,</p> <p>12 first, Cardinal -- is this -- this is something</p> <p>13 that would have been put out for the employees,</p> <p>14 correct?</p> <p>15 A. I don't think this message was</p> <p>16 intended to the general employees. I see in the</p> <p>17 "to" list members of the legal team and some</p> <p>18 members of -- that reported in to either Jon</p> <p>19 Giacomini or Mike Kaufmann.</p> <p>20 Q. And you had a chance to review</p> <p>21 this document, the talking points document?</p> <p>22 A. I can glance through it if you</p> <p>23 could give me a little bit of time.</p> <p>24 Q. We'll read it together.</p>
<p style="text-align: right;">Page 203</p> <p>1 Q. If you look back -- we can go</p> <p>2 through it -- the initial e-mail from Jon</p> <p>3 Giacomini -- is that how you pronounce it?</p> <p>4 A. Jon Giacomini.</p> <p>5 Q. Jon Giacomini was sent Monday,</p> <p>6 October 31st, 2011 at 9:43 a.m., correct?</p> <p>7 A. Yes, on the 31st, 2011.</p> <p>8 Q. And later in that day, we see Kara</p> <p>9 Forester has attached a document, "Support Team</p> <p>10 Talking Points," correct?</p> <p>11 A. They have -- they are talking</p> <p>12 points on -- this says -- does it say talking</p> <p>13 points?</p> <p>14 Q. If you look at the PDF -- if you</p> <p>15 look at the screen, if you don't mind, or you</p> <p>16 can go to Page 1 of the document, you'll see the</p> <p>17 Support Team Talking Points.LA.</p> <p>18 A. I see talking points, yes.</p> <p>19 Q. And that's the document that's</p> <p>20 attached as Page 3 to this exhibit.</p> <p>21 A. Okay.</p> <p>22 Q. So this document was approved five</p> <p>23 days after the DEA served the warrant on</p> <p>24 Lakeland; is that correct?</p>	<p style="text-align: right;">Page 205</p> <p>1 "The prescription drug abuse</p> <p>2 problem."</p> <p>3 A. Uh-huh.</p> <p>4 Q. "The prescription drug abuse</p> <p>5 problem has continued to grow throughout the</p> <p>6 United States. One of the most problematic</p> <p>7 areas of the country is Florida, where pill</p> <p>8 mills are prevalent."</p> <p>9 Do you agree that that's what it</p> <p>10 says?</p> <p>11 A. That's what is in the document.</p> <p>12 Q. "Last week, Drug Enforcement</p> <p>13 Administration (DEA), alongside with state and</p> <p>14 local authorities, announced increased measures</p> <p>15 to combat the prescription drug abuse problem in</p> <p>16 Florida, Operation Pill Nation II."</p> <p>17 Do you agree with that?</p> <p>18 MS. WICHT: Agree that's what --</p> <p>19 A. I agree that that's the language</p> <p>20 that is in the document.</p> <p>21 Q. This is the language that's in the</p> <p>22 document that Cardinal agreed or approved on</p> <p>23 October 31st, 2011 at 4:00 p.m., correct?</p> <p>24 MS. WICHT: Object to the form.</p>

<p style="text-align: right;">Page 206</p> <p>1 A. That's the language that is in 2 this document that somebody in Cardinal approved 3 on October 31st. The approval, I don't 4 believe, was my approval. 5 Q. And "These measures included a 6 number of arrests of pharmacists and 7 physicians"?</p> <p>8 A. That's in the third bullet of this 9 document. 10 Q. Okay. And it talks -- the next 11 section is about -- it says, "What Cardinal 12 Health is doing." 13 And I want you to read the second 14 bullet. It's, "Our suspicious order monitoring 15 system evaluates pharmacy orders to determine if 16 the orders are unusually large, unusually 17 frequent, or deviate from the normal pattern." 18 A. Correct. 19 Q. Skipping to the -- skipping one, 20 "Since 2008, Cardinal Health has conducted 21 hundreds of on-site pharmacy inspections, ceased 22 distribution to more than 300 pharmacies we 23 believe presented a significant risk of 24 diversion, and in the last two years, we have</p>	<p style="text-align: right;">Page 208</p> <p>1 by regulation? 2 MS. WICHT: Object to the form. 3 Foundation. 4 A. What I told you is that Cardinal 5 Health retained all the records required by the 6 regulations. 7 Q. Okay. And in response to the DEA 8 serving a warrant on Cardinal asking for those 9 records to show it had done its due diligence, 10 Cardinal decides to create a business continuity 11 plan. You can read along. 12 "Due to the increased DEA activity 13 in Florida, we have decided to ready our 14 business continuity plans for Lakeland, Florida. 15 Part of this preparation includes steps that we 16 need to take to be ready to transfer customers 17 from Lakeland to the designated secondary 18 distribution center, Jackson or Greensboro." 19 What does that mean? 20 MS. WICHT: Object to the form. 21 Foundation. 22 A. It means that we have business 23 continuity plans for many different reasons, 24 including hurricanes, potential closure of</p>
<p style="text-align: right;">Page 207</p> <p>1 denied the applications from over 40 pharmacies 2 seeking to have a controlled substance 3 relationship with us." 4 A. Yes, I see that statement there. 5 Q. Do you agree with that statement? 6 A. I believe that statement is likely 7 accurate. 8 Q. "We believe in the foundational 9 elements of our SOM program and are continuously 10 working to improve it. We have also partnered 11 with the Ohio State University College of 12 Pharmacy on a Generation RX outreach initiative, 13 a free program designed to create awareness 14 about the dangers of prescription drug abuse and 15 diversion." 16 Do you agree with those statements 17 in terms of what Cardinal Health is doing? 18 A. I agree that we were executing all 19 of the stuff that is in the -- in that 20 particular section of this document. 21 Q. And earlier, you also said that 22 with regard to Lakeland and the due diligence, 23 Cardinal has done its due diligence and has the 24 proper records of that due diligence as required</p>	<p style="text-align: right;">Page 209</p> <p>1 sites. So we were initiating a business 2 continuity plan. 3 Q. Okay. 4 A. For Jackson and Greensboro. 5 Q. So -- well, the business 6 continuity plan was for Lakeland, Florida, 7 right? 8 A. For Lakeland, but -- 9 Q. And so -- 10 A. Service centers were out of 11 Lakeland. 12 Q. Do you remember October of 2011? 13 A. Yes, I do. 14 Q. Were you expecting any hurricanes 15 in Florida in October of 2011? 16 A. No. I don't know -- I don't 17 know -- I mean, I don't remember. 18 Q. Do you think -- 19 A. October is hurricane season, but 20 I -- I do not know if there was hurricanes in 21 that time. 22 Q. But that's the first reason you 23 chose to give in terms of why a continuity plan 24 would be --</p>

<p style="text-align: right;">Page 210</p> <p>1 A. No. I told you there are many 2 reasons for it.</p> <p>3 Q. And the first you chose to list 4 was hurricane?</p> <p>5 A. Because that's the primary reason 6 that we have business continuity plans, is for 7 natural disasters.</p> <p>8 Q. And in this particular case of 9 Lakeland in October of 2011, was it a natural 10 disaster that Cardinal was concerned about?</p> <p>11 A. We were concerned --</p> <p>12 MS. WICHT: Object to the form of 13 the question.</p> <p>14 A. We were concerned about the 15 administrative action of the inspection warrant 16 that we received from DEA, which surprised us, 17 because to the best of our knowledge at that 18 particular time, we felt that we were complying 19 with the regulatory requirements of the 20 Controlled Substances Act.</p> <p>21 So we were completely caught off 22 guard when we got this inspection warrant and we 23 could not understand why the agency was having 24 any concerns about the Lakeland facility,</p>	<p style="text-align: right;">Page 212</p> <p>1 for the information over the phone. Barbara had 2 a good line of communication between her and 3 Michael. Why she didn't do that and they went 4 directly to an inspection warrant, we could not 5 understand that, but we have an obligation to 6 serve patients that need this medications in all 7 parts of the United States. So we were caught 8 off guard and we were concerned of why.</p> <p>9 Q. If the DEA is going to suspend a 10 distribution center, as they did, Cardinal 11 initiates a business continuity plan to ensure 12 that all of the drugs that were going to be 13 shipped out of that suspended facility get 14 shipped, correct?</p> <p>15 MS. WICHT: Object to the form.</p> <p>16 A. We try to serve all our customers 17 that need drugs for legitimate medical purposes 18 out of any facility that we have.</p> <p>19 Q. So in response to a DEA warrant 20 and this business continuity plan, is there 21 anywhere in this business continuity plan where 22 Cardinal says, we need to reevaluate the orders 23 out of Lakeland that landed us in getting a 24 warrant?</p>
<p style="text-align: right;">Page 211</p> <p>1 especially because Michael has been in 2 continuous contact with Barbara Boockholdt and 3 have never shown an indication in which she was 4 concerned about the way that we were executing 5 our program and also meeting the regulatory 6 requirements of the Controlled Substances Act.</p> <p>7 Q. So Cardinal Health believes it's 8 done all its due diligence, has the proper 9 records of having done that due diligence, 10 believes that they have an agreement with the 11 DEA that all such due diligence and records are 12 appropriate and what is required, and yet in 13 response to a warrant asking for that 14 documentation, Cardinal decides to initiate a 15 business continuity plan for Lakeland 16 Distribution Center?</p> <p>17 A. Like I --</p> <p>18 MS. WICHT: Object to the form. 19 Foundation. Mischaracterizes the 20 testimony on the document.</p> <p>21 Sorry. Go ahead.</p> <p>22 A. We were caught off guard, and we 23 could not understand why DEA was giving us an 24 inspection warrant. They could have asked us</p>	<p style="text-align: right;">Page 213</p> <p>1 MS. WICHT: Objection to --</p> <p>2 Q. Is that part of the business 3 continuity plan?</p> <p>4 MS. WICHT: Objection to the form.</p> <p>5 A. The business continuity plan is 6 separate from what we do in our anti-diversion 7 program. It's completely different.</p> <p>8 Q. This plan is just to make sure 9 that all the opioids and everything else just 10 keeps getting shipped?</p> <p>11 MS. WICHT: Objection to form. 12 Foundation. Mischaracterizes.</p> <p>13 A. The plan is to ensure that 14 customers that need drugs, all kind of drugs, 15 for legitimate medical use, they can have those 16 drugs available to serve their patients.</p> <p>17 VIDEOGRAPHER: Counsel on the 18 phone, could you put yourself on mute.</p> <p>19 BY MR. KROEGER:</p> <p>20 Q. If you go back to Exhibit 5, it's 21 the 4085 document, and if you can turn to 22 Page 16 of that document.</p> <p>23 The first full paragraph there, 24 "Based on its review of the documents Cardinal</p>

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1 Health provided in response to the October 26,
2 2011 AIW and the November 8th, 2011
3 administrative subpoena, the investigation at
4 respondent revealed a persistent failure to
5 exercise due diligence to ensure that controlled
6 substances were not being diverted."

7 So that's the conclusion the DEA
8 reached in reviewing the documents Cardinal
9 Health provided in response to the warrant and
10 the subpoena. Do you disagree with the DEA's
11 conclusion?

12 MS. WICHT: Objection to form.

13 A. I disagree with that conclusion
14 because my understanding is that we were
15 retaining all the documents that were required
16 by regulation.

17 Q. Do you have that additional
18 requirement in writing anywhere?

19 A. Additional requirement of what?

20 Q. Well, several times today you've
21 talked about this agreement that Cardinal Health
22 had with the DEA that was separate and apart
23 from the 2008 Memorandum of Agreement. Because
24 we looked at that document and you couldn't show

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1 me anywhere where these different requirements
2 were.

3 So is there anything in writing
4 that Cardinal Health has from the DEA saying,
5 Cardinal Health, these requirements, on top of
6 or below the Memorandum of Agreement, apply to
7 Cardinal?

8 MS. WICHT: Object to the form.

9 A. The agreement -- the agreement's
10 not the regulation. That's citing the
11 regulations, not the agreement.

12 Q. I'm asking if you have anything in
13 writing. Does Cardinal have anything in writing
14 to support that this agreement had been made
15 with Cardinal Health and the DEA, outside of the
16 Memorandum of Agreement?

17 A. I don't know if we have anything
18 in writing.

19 Q. As the senior vice president of
20 QRA for Cardinal Health, shouldn't you know?

21 MS. WICHT: Object to the form of
22 the question.

23 A. Like I told you before, when I
24 came to Cardinal Health, I was given an overview

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1 of our anti-diversion program and the agreements
2 that were made between the agency and Cardinal
3 Health. I was updated on the visit that Barbara
4 Boockholdt and Sue Langston had in our building,
5 and the review of the presentation that was
6 given to them. And there was not a single sign
7 out there, not even from that meeting or from
8 other interactions with the agency, that our
9 agreement was not valid and that they had some
10 concerns about us.

11 Q. But you, as the senior vice
12 president of QRA in charge of anti-diversion,
13 never saw such an agreement in writing, did you?

14 A. I don't believe I requested to see
15 the agreement in writing, and I requested to
16 have the information that was agreed by not only
17 Michael Moné, but I verified that information
18 from Bob Giacalone and also from my boss.

19 Q. From your boss, Mr. Corford?

20 A. Mr. Craig Morford.

21 Q. Morford.

22 So Craig Morford also acknowledged
23 to you that the DEA had agreed to this with
24 Cardinal Health?

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1 MS. WICHT: Object to the form.

2 A. There was a consistent message
3 between Craig Morford and myself, Michael Moné
4 and myself, Bob Giacalone and myself, that DEA
5 had reviewed our program as it was in 2009 when
6 I got there, and that they have found our
7 program satisfactory and that they had not
8 expressed any concerns.

9 Q. Okay. And obviously we know from
10 what happened to Lakeland in 2012 that the DEA
11 concluded otherwise in 2012, correct?

12 MS. WICHT: Object to the form.

13 Calls for speculation.

14 A. We were completely surprised by
15 the inspection warrant that we got in 2012,
16 because all the -- in 2011, because all the
17 indications that we had up to that point was
18 that we were meeting the expectations of the
19 agency. And it's my understanding, and I
20 believe so, that we were meeting all of the
21 regulatory requirements.

22 Q. Okay. We'll continue on Page 16.
23 Just following along where we were already.

24 "The DEA concluded that over a

<p style="text-align: right;">Page 218</p> <p>1 period of approximately three years, November 2 2008 to December 2011, respondent's 3 anti-diversion controls were inadequate to meet 4 their due diligence responsibilities. This 5 conclusion was based on the totality of several 6 factors. 7 "Some of the most important 8 factors were: Exceedingly large increasing 9 volume of shipments of oxycodone to its largest 10 Florida retail customers, which volumes were 11 supported by inadequate documentation." 12 Do you disagree with that 13 conclusion by the DEA that -- 14 MS. WICHT: Object to -- I'm 15 sorry. 16 Q. -- Cardinal had an exceedingly 17 large increasing volume of shipments of 18 oxycodone to its largest Florida retail 19 customers and that those volumes were not 20 supported by -- or were supported by inadequate 21 documentation? 22 A. I disagree -- 23 MS. WICHT: Object to the form. 24 A. I disagree that we were not</p>	<p style="text-align: right;">Page 220</p> <p>1 agreement that we had with the agency and 2 meeting all the regulatory requirements. 3 Q. And do you also disagree with 4 factor number 2, that there was a low number of 5 suspicious orders reported? 6 MS. WICHT: Object to the form. 7 A. Again, what I -- I go back to the 8 meeting that we have in 2009 on how our program 9 was executed and the agreement that the agency 10 made with our personnel, and there were, you 11 know, high levels of DEA at that meeting, 12 Barbara Boockholdt and Sue Langston, and both of 13 them agreed that our execution of the program 14 was appropriate. 15 Q. So I don't know if that means you 16 agree or disagree with the fact that there may 17 have been a low number of suspicious orders 18 reported. 19 Do you agree or disagree that 20 there was a low number of suspicious orders 21 reported? 22 A. I will agree that -- 23 MS. WICHT: Object to the form of 24 the question.</p>
<p style="text-align: right;">Page 219</p> <p>1 meeting our regulatory requirements and that we 2 were not meeting the agreement that we had with 3 the agency in 2009. 4 Q. Okay. And you have made that 5 abundantly clear today. What I'm asking right 6 now is if you disagree with the DEA's conclusion 7 that one of the factors was that exceedingly 8 large increasing volume of shipments of 9 oxycodone to its largest Florida retail 10 customers, which volumes were supported by 11 inadequate documentation, was part of the reason 12 that they concluded you were not meeting your 13 due diligence responsibilities? 14 A. That was the conclusion of the 15 agency -- 16 MS. WICHT: Objection to form. 17 A. -- not my conclusion. 18 Q. So you disagree with the agency's 19 conclusion? 20 MS. WICHT: Object to the form. 21 A. I disagree with the fact that the 22 agency agreed with us in 2009 on the execution 23 of our anti-diversion program, and we were 24 executing according to our understanding of the</p>	<p style="text-align: right;">Page 221</p> <p>1 A. I will agree that we reported the 2 number of suspicious orders as our program was 3 designed in 2009. 4 Q. And was that number low or high? 5 MS. WICHT: Object to the form of 6 the question. 7 A. That number was adequate based on 8 the program that we had at that time. 9 Q. And do you agree or disagree that 10 there was a low number of on-site visits to 11 these top retailers and no site visits to retail 12 chain pharmacy customers? 13 MS. WICHT: Object to the form. 14 A. I know that we have visited 15 hundreds of pharmacies. I cannot tell you the 16 distribution of -- I don't recall the number of 17 store visits that we did in Florida, so I could 18 not agree with that statement because I don't 19 have those facts in front of me. 20 Q. Well, do you put site visits into 21 the due diligence files? Is that -- let me 22 rephrase that. 23 When Cardinal -- when someone from 24 Cardinal does a site visit, does that then go</p>

<p style="text-align: right;">Page 222</p> <p>1 into the due diligence file for the store to</p> <p>2 which they did the site visit?</p> <p>3 A. They go into a system that we call</p> <p>4 Content Manager.</p> <p>5 Q. Is that system that's called</p> <p>6 Content Manager, is that a system that tracks</p> <p>7 the due diligence and on-site visits per store?</p> <p>8 A. It stores the visits that we do to</p> <p>9 stores.</p> <p>10 Q. And when the DEA served a warrant</p> <p>11 and a subpoena on you asking for those -- for</p> <p>12 all such due diligence files, did you give them</p> <p>13 the contents of that?</p> <p>14 A. My assumption is that we gave all</p> <p>15 the information that was asked by the agency at</p> <p>16 that time.</p> <p>17 Q. So if there were site visits, they</p> <p>18 would have received those?</p> <p>19 A. They received --</p> <p>20 MS. WICHT: Object to the form.</p> <p>21 A. They received all the information</p> <p>22 that they requested from us.</p> <p>23 Q. And in that information that they</p> <p>24 received, there were no site visits to retail</p>	<p style="text-align: right;">Page 224</p> <p>1 MS. WICHT: Object to the form.</p> <p>2 A. I'm not aware that DEA has taken</p> <p>3 action against all of those pharmacies that we</p> <p>4 have terminated. Maybe a fraction of them they</p> <p>5 have, but most of those pharmacies continue to</p> <p>6 have their license. I'm not aware that DEA has</p> <p>7 taken an action against those pharmacies.</p> <p>8 Q. Are you familiar with the numbers</p> <p>9 of opioids that were sent to the two CVSs that</p> <p>10 were at issue in Lakeland?</p> <p>11 A. I don't recall.</p> <p>12 Q. If you turn to Page 18 of this</p> <p>13 Exhibit 5. Do you see the paragraph starting</p> <p>14 with "Publix"?</p> <p>15 A. I'm on the wrong page.</p> <p>16 Q. 18 on the top right.</p> <p>17 Do you see the paragraph that</p> <p>18 starts with "Publix"?</p> <p>19 A. Yep.</p> <p>20 Q. "Publix Pharmacy Number 0641,</p> <p>21 located at 5240 West State Road 46, Sanford,</p> <p>22 Florida 32771, is within two miles of CVS 5195.</p> <p>23 In 2011, CVS 5195 purchased 1.2 million dosage</p> <p>24 units of oxycodone, while Publix Pharmacy 0641</p>
<p style="text-align: right;">Page 223</p> <p>1 chain pharmacy customers?</p> <p>2 MS. WICHT: Object to the form.</p> <p>3 A. I don't recall that. I don't</p> <p>4 recall the document production for that</p> <p>5 particular time, so I cannot say that.</p> <p>6 Q. Okay. Lastly, do you agree or</p> <p>7 disagree that there's evidence -- there was</p> <p>8 evidence that respondent's due diligence</p> <p>9 practices were inconsistent with both the 2008</p> <p>10 MOA and Cardinal Health's own policies, the</p> <p>11 purpose of which was to reduce diversion?</p> <p>12 MS. WICHT: Object to the form.</p> <p>13 A. I completely disagree with that as</p> <p>14 shown by the fact that we have terminated over</p> <p>15 300 pharmacies at that point in time, and most</p> <p>16 of those pharmacies continue to have a DEA</p> <p>17 license today and they're still in business.</p> <p>18 Q. Cardinal still has a DEA license</p> <p>19 and is still in business, correct?</p> <p>20 A. We regained our DEA license for</p> <p>21 Lakeland.</p> <p>22 Q. So that doesn't necessarily prove</p> <p>23 or disprove due diligence at any given time,</p> <p>24 does it?</p>	<p style="text-align: right;">Page 225</p> <p>1 purchased only 25,700 units of oxycodone."</p> <p>2 Do you dispute those numbers?</p> <p>3 MS. WICHT: Objection.</p> <p>4 A. Those are the numbers that are in</p> <p>5 the document. I don't have any reason to</p> <p>6 dispute the numbers.</p> <p>7 Q. Do you have any reason to believe</p> <p>8 that in response to those numbers, Cardinal did</p> <p>9 even a site visit to CVS 5195?</p> <p>10 MS. WICHT: Objection to the form.</p> <p>11 A. I don't recall if we did a visit</p> <p>12 or we didn't do a visit.</p> <p>13 Q. Well, according to what we read</p> <p>14 just a moment ago, the DEA received no</p> <p>15 documentation of any site visits to any chain</p> <p>16 pharmacies, correct?</p> <p>17 MS. WICHT: Object to the form.</p> <p>18 A. We may have done a visit, but I</p> <p>19 don't know that.</p> <p>20 Q. In order for you to have done a</p> <p>21 visit, you would have had to do it and then not</p> <p>22 document it. Is that fair given that the DEA</p> <p>23 never received any documentation of it?</p> <p>24 MS. WICHT: Object to the form.</p>

<p style="text-align: right;">Page 226</p> <p>1 A. I wouldn't know that. If somebody 2 did a surveillance visit and they didn't put it 3 in the file, I mean that could happen, but I 4 don't know that.</p> <p>5 Q. Were you -- were people at 6 Cardinal in the practice of doing site visits to 7 CVSs and not putting it in the file?</p> <p>8 A. We did some site visits to some 9 CVS stores. I don't -- I was not running the 10 day-to-day of activities of the program, so I'm 11 not a good person to say that every single site 12 visit was included in Content Manager. I cannot 13 attest to that.</p> <p>14 Q. The next paragraph, "Two 15 pharmacies are located within one mile of CVS 16 219. Walgreens 6970, located at 3803 South 17 Orlando Drive, Sanford, Florida, and Walmart 18 Pharmacy number 10-0857, located at 3653 Orlando 19 Drive, Sanford, Florida. In 2011, CVS 219 20 purchased 1.8 million dosage units of oxycodone, 21 while the Walgreens 6970 purchased 176,500 22 dosage units of oxycodone and Walmart Pharmacy 23 10-0857 purchased 30,500 dosage units of 24 oxycodone."</p>	<p style="text-align: right;">Page 228</p> <p>1 on CVS 219. I personally requested a visit to 2 that -- the pharmacy to see if there was obvious 3 signs of diversion, and the conclusion of that 4 visit was provided to me by the person that did 5 the visit.</p> <p>6 Q. Did you review the due diligence 7 file for CVS store 219 at any point in 2010 or 8 '11?</p> <p>9 A. I reviewed information that was 10 provided to me by Nick Rausch.</p> <p>11 Q. Was that the due diligence file of 12 CVS 219?</p> <p>13 A. That was information that Nick 14 Rausch provided to me. I don't know what was in 15 the due diligence file for any of those stores. 16 It's the day-to-day execution of the program.</p> <p>17 Q. But this was a store that you took 18 a personal interest in.</p> <p>19 A. I did.</p> <p>20 Q. You directed a site visit. That's 21 not something you do on a daily basis, is it?</p> <p>22 A. No.</p> <p>23 Q. And yet you still didn't look at 24 the due diligence file for that store?</p>
<p style="text-align: right;">Page 227</p> <p>1 Do you dispute those numbers? 2 MS. WICHT: Objection. Asked and 3 answered.</p> <p>4 A. I think those numbers are what is 5 quoted in there.</p> <p>6 Q. And after selling 1.8 million 7 dosage units of oxycodone to a single CVS in 8 Sanford, Florida, was there a site visit in the 9 due diligence file for that store?</p> <p>10 MS. WICHT: Object to the form.</p> <p>11 A. I'm sure there was a site visit 12 because I requested a site visit for that store 13 and I was provided with a summary of the site 14 visit.</p> <p>15 Q. And since you were directly in 16 contact with the person who did the site visit, 17 directly requested it, certainly you would have 18 also ensured that it made it into the due 19 diligence file for CVS 219, wouldn't you?</p> <p>20 MS. WICHT: Object to the form.</p> <p>21 A. Like I told you below -- before, I 22 don't run the details of the program on a 23 day-to-day basis. I was interested on 24 information -- asking for additional information</p>	<p style="text-align: right;">Page 229</p> <p>1 MS. WICHT: Object to form. 2 Mischaracterizes.</p> <p>3 A. I didn't. I rely on my staff to 4 review the diligence files, and for this 5 particular one, I was provided some additional 6 information from Nick Rausch, and I believe that 7 it was appropriate to conduct a site visit of 8 219 to confirm that information that CVS had 9 given us was credible.</p> <p>10 And the report that I got back for 11 219 is that the visit resulted in no obvious 12 signs of diversion when our investigator was 13 doing a surveillance audit of that particular 14 pharmacy.</p> <p>15 Q. Do you agree that selling 1.8 16 million dosage units of oxycodone to a single 17 CVS in Sanford, Florida should cause concern?</p> <p>18 MS. WICHT: Object to the form.</p> <p>19 A. I think selling large amounts of 20 controlled substances to any pharmacy is a good 21 reason to review that pharmacy, and we did.</p> <p>22 Q. And based on a single site visit 23 and CVS saying, we've done our own internal 24 investigation, you felt comfortable continuing</p>

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1 to sell 1.8 million dosage units of oxycodone to
2 a single CVS in Sanford, Florida?

3 MS. WICHT: Object to the form.

4 A. We believed that all of the sales
5 to that store were for legitimate medical use,
6 and we didn't have any reason to believe
7 otherwise based on the information that we had
8 obtained.

9 Q. And if you had reason to believe
10 that there might be a risk of diversion, what
11 would you have done?

12 MS. WICHT: Object to the form.

13 A. We would have -- if we had a
14 reason to believe that was suspicious or likely
15 of those drugs to be sold or prescription be
16 filled for orders not legitimate medical use, we
17 would have stopped shipment for that particular
18 store and we would have reported that store to
19 DEA, as we did in many, many occasions.

20 Q. Would you agree that one of the
21 ways to determine if there's a likelihood of
22 diversion is to follow Cardinal Health's own
23 suspicious order monitoring plan?

24 MS. WICHT: Object to the form.

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1 A. It's following the regulation and
2 executing according to our standard operating
3 procedures.

4 Q. Sorry. I said "plan." I should
5 have said "standard operating procedures." So
6 let me say that again.

7 You would agree, wouldn't you,
8 that a key to stopping diversion, spotting
9 stores that might be the source of diversion, is
10 to follow the suspicious order monitoring
11 standard operating procedure that Cardinal has
12 in place?

13 MS. WICHT: Object to the form.

14 A. It is following the regulations
15 and agree -- adhering to the program that we had
16 in place at that time.

17 Q. Okay. If you'll turn to Page 19
18 of this Exhibit 5. This is part of Cardinal's
19 suspicious order monitoring program.

20 It says --

21 MS. WICHT: No. This is the
22 government's --

23 MR. KROEGER: This is the
24 government's finding.

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1 MS. WICHT: Okay.

2 BY MR. KROEGER:

3 Q. But as part of your suspicious
4 order monitoring SOP, you set thresholds, didn't
5 you?

6 A. We set thresholds.

7 Q. Okay. And Paragraph i says,
8 "Respondent set monthly thresholds for oxycodone
9 distributions to each of its stores. But from
10 April 2009 to August 2011, respondent
11 disregarded the oxycodone thresholds for its top
12 four retailers at least 44 times. Sometimes by
13 a few thousand pills, and sometimes by tens of
14 thousands. This unexplained disregard for its
15 own thresholds suggests that respondent did not
16 take its own policies seriously."

17 Do you disagree with that
18 statement from the DEA?

19 A. I completely disagree with that
20 statement. Threshold is a reason for us to
21 evaluate an order, and the analyst reviews the
22 information that they have available to them and
23 they make decisions whether or not to release
24 the order or not. So we didn't disregard these

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1 threshold events. Every one of them was
2 evaluated. The system doesn't allow for
3 thresholds to be released without somebody
4 evaluating the threshold.

5 Q. Okay. So you disagree with that
6 conclusion the DEA reached with regard to --

7 A. Completely disagree with that
8 conclusion.

9 Q. Okay. If you'll turn to Page 21,
10 Paragraph i. "According to DEA review, Cardinal
11 Health's SOM policies do not exclude chain
12 retailers from the site visit requirement.
13 Indeed, the written policies made available to
14 DEA do not indicate any company policy of
15 treating chain retailers differently than
16 independent retailers in terms of the diligence
17 Cardinal Health's distribution centers are
18 required to conduct."

19 Do you disagree with that
20 statement?

21 A. I disagree with that statement. I
22 believe that our agreement with the agency in
23 2009 was very clear, and explained how we were
24 going to treat chain pharmacies.

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1 Q. So, then, this is talking about
2 the -- Cardinal's own SOM policy. So based on
3 what you're saying, then, if we went back to the
4 2009, 2010, 2011 suspicious order monitoring
5 program standard operating procedure that
6 Cardinal had in place, it would clearly outline
7 that chain pharmacies are to be dealt with
8 differently than independent retail pharmacies?

9 A. I will have to --

10 MS. WICHT: Object to the form.

11 A. I will have to look at the SOP. I
12 don't have the SOP available to determine if
13 that's the case or not.

14 Q. Well, this conclusion that you
15 just disagreed with in Paragraph i is the DEA
16 saying that you -- that Cardinal Health failed
17 to follow its own SOM policies.

18 A. My understanding is that the
19 program that we put in place in 2009 was
20 consistent with the expectations of the agency
21 and that it was the understanding and the
22 agreement that chain pharmacies will conduct
23 their own investigation and provide those
24 investigations to us.

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1 Q. If you'll turn to Page 22. In the
2 middle of the Paragraph i under Subsection D,
3 low numbers of suspicious orders reported, "From
4 October 1st, 2008" -- do you see where I am?

5 A. Uh-huh.

6 Q. -- "through October 26th, 2011,
7 respondent reported only 41 suspicious orders to
8 the DEA."

9 So in a three-year period,
10 Cardinal reported 41 -- sorry, Lakeland reported
11 41 suspicious orders to the DEA. Is that
12 number -- do you agree with that number?

13 A. It -- I'm assuming that number is
14 correct. I will have to verify the fact, but my
15 assumption is that is correct.

16 Q. And do you believe that number to
17 be the proper number of suspicious orders to
18 have been reported during that time?

19 A. Based on the understanding that we
20 have with the agency at that time, it was the
21 correct number. The agreement that we had with
22 the agency at that time is that we will do
23 investigation of threshold events. If those
24 investigations led us to believe that the

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1 pharmacy was potentially engaging in practices
2 that were not consistent with filling legitimate
3 prescriptions or that we couldn't get enough
4 information to make that assessment, that we
5 would report them as suspicious orders. As it
6 happened, out of those 41 customers, 19 of those
7 customers we terminated.

8 Q. Right.

9 Once you terminate a customer, you
10 can no longer profit from them anyway, so
11 reporting their orders doesn't really hurt the
12 profit of Cardinal, does it?

13 MS. WICHT: Object to the form of
14 the question.

15 A. I don't even -- I don't understand
16 the question.

17 MS. WICHT: Is that a serious
18 question?

19 MR. KROEGER: Yeah, it is.

20 A. I don't understand the question.

21 Q. So when a pharmacy orders opioids
22 from Cardinal Health, Cardinal Health makes a
23 profit on those opioids that they distribute to
24 that pharmacy, correct?

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1 MS. WICHT: Object to the form of
2 the question.

3 A. I'm not in the finance or in the
4 sales team. We sell product for legitimate
5 medical use. I'm assuming that we make money
6 making the product. I don't know if we make any
7 money on opioids, to be honest with you.

8 Q. You don't give them away, do you?

9 A. Well, there are sometimes that we
10 do things and we don't make any profit because
11 if -- consistent with the total offerings that
12 we have to offer.

13 Q. As an executive with Cardinal
14 Health, who was at one time the senior vice
15 president of QRA and is now chief QRA officer,
16 you're not honestly sitting here telling me you
17 don't know if Cardinal Health profits from
18 opioids, are you?

19 A. No.

20 MS. WICHT: Object to the form of
21 the question. Argumentative.

22 A. No. Because, I mean, selling
23 opioids is -- is -- to have all the system in
24 place that you need to have is a lot more

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1 expensive than we have for our regular drugs.
2 You have to have a cage. You have to have a
3 vault. You have to have employees in the cage
4 and the vault. You have to have audits of those
5 cages and the vault. You have reporting
6 responsibility. You have to do a lot more work
7 to sell one dosage unit of oxycodone than one
8 dosage unit of Lipitor. A lot more work.
9 Q. A lot more work.
10 But, Mr. Quintero, you're not
11 telling me that you believe Cardinal Health,
12 this Forbes 500 -- I think 21st on the Forbes
13 500 list, would continue to sell opioids if the
14 cost of doing that business was greater than the
15 profit made from it, are you?
16 MS. WICHT: Object to the form.
17 A. I don't know. It is possible, but
18 I don't know.
19 Q. Okay.
20 A. My role in the company is
21 regulatory compliance, and I stick to my role
22 and make sure that my team executes according.
23 Q. You don't do your job for free, do
24 you?

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1 A. I don't do -- I work for Cardinal
2 for a salary.
3 Q. Yes.
4 Now, after the warrant was served
5 in October of 2011, Paragraph ii, "Between
6 October 26th, 2011 (the day following the
7 execution of the AIWs) and January 31st,
8 2012" -- so in this three-month period --
9 "respondent terminated 28 customers."
10 A. Uh-huh.
11 Q. Is there any reason for that
12 increase in three months compared to the only 19
13 previously?
14 MS. WICHT: Object to the form.
15 A. Like I told you, we -- during that
16 period of time, we have terminated over 300 -- I
17 feel like the number was 343 customers in the
18 United States. I don't know the exact number in
19 Florida. We were concerned with the inspection
20 warrant that was filed. We could not understand
21 why, so we became, you know, concerned that the
22 agency had changed their expectation of the
23 standards. So I mean, we changed -- we were
24 changing with the expectations of the agency.

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1 Q. As the senior vice president of
2 QRA, did you personally have any concern that
3 Cardinal itself was not following its own
4 policies and procedures?
5 A. I believe --
6 MS. WICHT: Object to the form.
7 A. I believe that Cardinal Health was
8 following our policies and procedures and that
9 we were meeting regulatory requirements and
10 expectations of the agency.
11 Q. If you'll turn to Page 37 of
12 Exhibit 5. Towards the bottom of the page, five
13 lines up, "On October 5th."
14 Do you see that?
15 A. Yep.
16 Q. "On October 5th, 2010,
17 Mr. Moellering" --
18 Do you know who Mr. Moellering is?
19 A. Yes, Vince Moellering.
20 Q. Who is he?
21 A. He is one of the field
22 investigators.
23 Q. Employed by Cardinal?
24 A. Employed by Cardinal Health.

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1 Q. Employed to do site visits?
2 A. That's -- that was his role, to do
3 site visits.
4 Q. And in that role, his job was to
5 communicate to Cardinal up the chain to people
6 in anti-diversion whether or not a store was
7 high or low risk of diversion, correct?
8 A. The form had a portion at the end
9 of the investigation form that provided
10 different rankings for pharmacies.
11 Q. And that was part of his duty, was
12 to communicate that ranking to people above him,
13 correct?
14 A. To communicate that ranking to the
15 head of the investigations group, which was
16 Steve Morris.
17 Q. And that's because, just like you
18 can't be involved in every day-to-day decision,
19 people directly beneath you or one or two steps
20 beneath you, can't be involved in every single
21 site visit, right?
22 A. It's impossible to be at every
23 single site.
24 Q. So just as you rely on Michael

<p style="text-align: right;">Page 242</p> <p>1 Moné and Steve Reardon to make the right 2 decisions with regard to policies, procedures, 3 and regulations, they, in turn, have to rely on 4 those below them to do the same, correct? 5 MS. WICHT: Object to the form. 6 A. We relied on our staff to execute 7 procedures and make sure that we are meeting 8 our -- all of the regulatory requirements. 9 Q. Do you have any reason, sitting 10 here today, to believe that Mr. Moellering 11 didn't do his job well? 12 MS. WICHT: Object to the form of 13 the question. 14 A. I did not supervise Mr. Moellering 15 directly. My understanding is that he was -- 16 his performance was acceptable. 17 Q. Okay. And then the next -- and 18 Mr. Moro. Do you know who Mr. Moro is? 19 A. I don't recall who Mr. Moro is. 20 Q. So you can't say whether he was or 21 was not a good employee either way? 22 A. I don't recall. 23 Q. Okay. 24 A. It's possible, but I don't recall</p>	<p style="text-align: right;">Page 244</p> <p>1 If you turn the page, "Dispensing 2 data revealed that 462,776 units of oxycodone 3 dispensed within two months. Quote, I am not 4 convinced that the owner is being forthright 5 pertaining to his customers' origin or 6 residence. I have requested permission to 7 contact DEA to resolve this issue. High risk of 8 diversion. 9 "Despite Mr. Moellering's findings 10 and recommendations, respondent did not contact 11 the DEA. Respondent not only continued to ship 12 oxycodone 30 milligram tablets to Gulf Coast, 13 but subsequently increased shipments shortly 14 thereafter -- shortly afterwards. On 15 November 24th, 2010, respondent adjusted Gulf 16 Coast's monthly volumes of oxycodone from 17 141,000 to 207,200." 18 Is that the appropriate response 19 under Cardinal's suspicious orders -- under 20 their -- the standard operating procedures to 21 respond to a site visit that results in a high 22 risk of diversion by increasing opioids from 23 141,000 to 207,000? 24 MS. WICHT: Object to the form of</p>
<p style="text-align: right;">Page 243</p> <p>1 a person working in my team, which last name is 2 Moro. It's possible, but I don't recall. 3 Q. And October 5th, 2010, anyone 4 doing site visits would have been part of your 5 team, correct? 6 A. Correct. 7 Q. So Mr. Moellering and Mr. Moro 8 conducted a site visit. The notes from this 9 particular site visit reflected the following: 10 CAH -- that's Cardinal Health, right? 11 A. Uh-huh. 12 Q. PBC, what's that stand for? 13 A. I believe -- I'm trying to 14 recollect. Somebody -- now that I'm reading the 15 context, it's probably Lenny Moro is somebody in 16 the sales team, but I don't know that for sure, 17 but I believe that's... 18 Q. "Lenny Moro has observed groups of 19 white males and females coming into the pharmacy 20 during his late afternoon visits to have their 21 scripts filled. They leave in small groups. 22 The report also stated, 'Owner requested 23 increase his oxycodone threshold to even 24 higher.'"</p>	<p style="text-align: right;">Page 245</p> <p>1 the question. 2 A. I'm familiar with some of the 3 aspects of this particular visit, and I'm -- I 4 believe, to the best of my knowledge, that there 5 were follow-up conversations between Mr. Morse, 6 which is the pharmacist which used to work for 7 the Board of Pharmacy, and the pharmacist in 8 charge at Gulf Coast to understand increase in 9 involve. 10 My understanding is that Gulf 11 Coast was nearby or part of a medical plaza or 12 medical center or across from a hospital. 13 That's my recollection. It's my recollection 14 too that Vince Moellering tried to call DEA, 15 left a message, but the message was never 16 responded back to him. 17 Q. So do you have reason to believe 18 that Mr. Moellering was incorrect with the high 19 risk of diversion in his conclusion? 20 A. Based on -- 21 MS. WICHT: Object to the form. 22 A. Based on the facts at that point 23 in time, Mr. Morse reevaluated the pharmacy 24 based on the information that he received from</p>

<p>Page 246</p> <p>1 the pharmacist at Gulf Coast and made the 2 determination that the pharmacist was not high 3 risk at that point in time. 4 Q. Do you know what happened in 2011 5 to Gulf Coast? 6 A. I believe we stopped selling 7 prescription to Gulf Coast before the 8 administration warrant was provided to us based 9 on additional site visits and additional 10 analysis that we performed on that particular 11 pharmacy. 12 Q. So you -- QRA received a site 13 visit report of high risk of diversion, 14 continued to increase the dosage units to that 15 very pharmacy, and a year later that pharmacy 16 surrendered its DEA registration? 17 MS. WICHT: Object to form. 18 Mischaracterizes his testimony. 19 A. My understanding of the situation 20 with Gulf Coast was there was an inspection done 21 by Vince. Vince expressed some concern to his 22 management, identified the pharmacy as high 23 risk. The person in charge of the investigation 24 group requested additional information from the</p> <p>Page 247</p> <p>1 pharmacy. The pharmacy provided that 2 information. 3 Mr. Morse felt that the volume was 4 justifiable based on the location of the 5 pharmacy and other facts. He decided to 6 maintain the pharmacy as a customer but to keep 7 monitoring that pharmacy. Additional visits 8 were performed, and we terminated that pharmacy 9 at one point in time because we didn't feel 10 comfortable with explanation given by the 11 pharmacist anymore. 12 Q. So the explanation given in 13 October 2010 became unsatisfactory sometime 14 later on? 15 MS. WICHT: Objection to form. 16 Mischaracterizes. 17 A. If I knew all the facts, if we 18 knew all the facts then that we knew at the time 19 that we terminated the pharmacy, we would have 20 caught the pharmacy much sooner. But we learn 21 about certain facts after. 22 Q. It sounds like you learned about 23 those facts in October of 2010 and chose to 24 ignore them and increase the oxycodone.</p>	<p>Page 248</p> <p>1 A. I don't agree with that statement. 2 MS. WICHT: Is that a question? 3 It sounded like a statement. 4 A. I don't agree with the statement. 5 MR. KROEGER: Now is a good time 6 for a break. 7 VIDEOGRAPHER: Time is now 12:35. 8 Going off the record. 9 --- 10 Thereupon, the luncheon recess was 11 taken at 12:35 p.m. 12 --- 13 14 15 16 17 18 19 20 21 22 23 24</p> <p>Page 249</p> <p>1 December 6, 2018 2 Thursday Afternoon Session 3 1:18 p.m. 4 --- 5 VIDEOGRAPHER: Time is now 1:18. 6 Back on the record. 7 EXAMINATION 8 BY MR. GRAY: 9 Q. Mr. Quintero, my name is Mark 10 Gray. We met briefly before your deposition. 11 I'm going to ask some follow-up questions and 12 some additional questions possibly. 13 And you understand you're still 14 under oath even though somebody else is 15 questioning you? You understand that? 16 A. Yes, I understand. 17 Q. Okay. So when you first -- before 18 you came to Cardinal, you were with Wyeth, the 19 pharmaceutical company; is that right? 20 A. Wyeth Pharmaceutical. 21 Q. Okay. And prior to taking your 22 position in December of 2009 with Cardinal, had 23 you ever worked for a distributor of opioid 24 narcotic drugs?</p>
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<p style="text-align: right;">Page 250</p> <p>1 A. No.</p> <p>2 Q. Okay. So in 2009, when you went</p> <p>3 to work at Cardinal Health, that was your first</p> <p>4 experience in regulatory with a distributor of</p> <p>5 opioid drugs, correct?</p> <p>6 A. Not controlled substances, but</p> <p>7 opioids, yes.</p> <p>8 Q. And when you took that position,</p> <p>9 would you have expected Cardinal to give you all</p> <p>10 of the information that you needed to do your</p> <p>11 job?</p> <p>12 MS. WICHT: Object to the form.</p> <p>13 A. I expected Cardinal to allow me to</p> <p>14 work with my staff to learn the programs that we</p> <p>15 were executing.</p> <p>16 Q. Well, you wanted them to give you</p> <p>17 all the information you needed to do your job,</p> <p>18 didn't you?</p> <p>19 A. I was expecting -- my job is</p> <p>20 highly broad, so I was expecting my staff to</p> <p>21 give me orientations on the different programs</p> <p>22 that we had. And I educated myself on the</p> <p>23 different regulatory requirements that we were</p> <p>24 obligated to meet.</p>	<p style="text-align: right;">Page 252</p> <p>1 relevant, they believe is relevant for them and</p> <p>2 that they need to escalate to me.</p> <p>3 Q. Okay. Let's look at 4050.</p> <p>4 - - -</p> <p>5 (Cardinal-Quintero Exhibit 12 marked.)</p> <p>6 - - -</p> <p>7 BY MR. GRAY:</p> <p>8 Q. Mr. Quintero, I'm going to show</p> <p>9 you a document which has been marked P1.4050,</p> <p>10 Exhibit 12 to your deposition. And if you turn</p> <p>11 to the second page of that document, do you see</p> <p>12 this -- have you ever seen this letter before?</p> <p>13 A. Yes, I have.</p> <p>14 Q. Okay. And when did you see this</p> <p>15 letter for the first time?</p> <p>16 A. I've seen it many years ago.</p> <p>17 Q. When you first started working,</p> <p>18 correct?</p> <p>19 A. Probably soon after.</p> <p>20 Q. Okay. And this is a letter from</p> <p>21 the US Department of Justice Drug Enforcement</p> <p>22 Administration, correct?</p> <p>23 A. It seems that way, yeah. It's</p> <p>24 titled Drug Enforcement Administration at the</p>
<p style="text-align: right;">Page 251</p> <p>1 Q. Okay. And if Cardinal withheld</p> <p>2 anything from you that would be important to</p> <p>3 your job, you wouldn't have expected that, would</p> <p>4 you?</p> <p>5 MS. WICHT: Object to the form.</p> <p>6 A. I don't believe Cardinal ever</p> <p>7 withheld any information that I requested.</p> <p>8 Q. Okay. And you would expect out of</p> <p>9 your employees and the people that worked with</p> <p>10 you and around you, that you wanted them not to</p> <p>11 withhold any information from you, as well,</p> <p>12 correct?</p> <p>13 MS. WICHT: Object to the form.</p> <p>14 A. My expectation is if I request</p> <p>15 that information, that the employees that work</p> <p>16 in my department make that information available</p> <p>17 to me.</p> <p>18 Q. And if it was important for you to</p> <p>19 do your job, whether you asked for it or not,</p> <p>20 they should have given you that information,</p> <p>21 correct?</p> <p>22 MS. WICHT: Object to the form.</p> <p>23 A. If I have to -- I expect my</p> <p>24 employees to give me information that is</p>	<p style="text-align: right;">Page 253</p> <p>1 top, so...</p> <p>2 Q. Okay. And that's to Cardinal</p> <p>3 Health, correct?</p> <p>4 A. It's to Cardinal Health.</p> <p>5 Q. Okay. And was this one of the</p> <p>6 documents that you looked at to understand what</p> <p>7 the regulatory process was and -- with respect</p> <p>8 to the distribution of opioid narcotics, as well</p> <p>9 as what the DEA expected of Cardinal Health?</p> <p>10 MS. WICHT: Object to the form.</p> <p>11 A. One of the first documents that I</p> <p>12 looked at was actually the actual regulation,</p> <p>13 the Controlled Substances Act.</p> <p>14 Q. Okay. But did you also look at</p> <p>15 this one at the time to familiarize yourself, as</p> <p>16 you testified earlier, to --</p> <p>17 A. I looked at this record, yeah.</p> <p>18 Q. -- what the DEA expected in the</p> <p>19 regulatory framework?</p> <p>20 A. This letter is not regulations.</p> <p>21 It's just a letter.</p> <p>22 Q. Okay. But did you understand my</p> <p>23 question?</p> <p>24 A. Not entirely.</p>

<p style="text-align: right;">Page 254</p> <p>1 Q. Okay. Just listen to my question. 2 Was this one of the documents that 3 you looked at to familiarize yourself with what 4 the Drug Enforcement Administration of the 5 United States Department of Justice expected of 6 Cardinal Health? 7 A. I reviewed the letter, yes, I did. 8 MS. WICHT: Object to the form. 9 Q. Was the purpose of reviewing the 10 letter so you could understand the framework 11 that the DEA expected of Cardinal Health in 12 distributing opioid narcotics? 13 MS. WICHT: Object to the form. 14 A. It is one of the tools that I used 15 to educate myself on the expectations of the 16 agency, and I used -- also went to the 17 Controlled Substances Act to understand the 18 regulation. 19 Q. Okay, sir. So let's look at the 20 expectations of the agency. Let's look at the 21 next page, 4050.3. And if you look, sir, at the 22 third paragraph. 23 A. Okay. 24 Q. And as you know, sir, you also</p>	<p style="text-align: right;">Page 256</p> <p>1 A. I believe that's the language that 2 is used in the regulations, as well. 3 Q. Okay. But do you understand that 4 that's what the DEA told Cardinal Health, that 5 they had to have effective controls against 6 diversion? 7 A. Which is consistent with the 8 regulations, yes. 9 Q. Okay. And then if you go down to 10 the indented paragraph, which is the next one, 11 one down, "The registrant" -- that's Cardinal 12 Health, correct? 13 A. Yes. 14 Q. -- "shall design and operate a 15 system to disclose to the registrant suspicious 16 orders of controlled substances." 17 You understand that to be one of 18 the requirements, correct? 19 A. The requirement in the regulation 20 is to report suspicious orders, have a system to 21 report. 22 Q. Yeah, okay. Report suspicious 23 orders. And "Suspicious orders include orders 24 of an unusual size."</p>
<p style="text-align: right;">Page 255</p> <p>1 have it on the screen, correct? It's on that 2 screen and the screen in front of you, if you 3 need to refer to that. 4 A. Okay. 5 Q. Second sentence of the third 6 paragraph, "Listed first among these factors is 7 the duty of a distributor to maintain effective 8 controls against diversion of controlled 9 substances into other than legitimate medical 10 scientific and industrial channels." 11 Do you see that, sir? 12 A. Yes, I do. 13 Q. And after you reviewed this when 14 you first took the job at Cardinal Health, did 15 you understand that it was the duty of a 16 distributor to maintain effective controls 17 against diversion? 18 A. It's a regulatory -- 19 MS. WICHT: Object to the form. 20 A. It's a regulatory requirement to 21 maintain controls against diversion of 22 controlled substances. 23 Q. Okay, sir. But not just controls, 24 but effective controls. You understand that?</p>	<p style="text-align: right;">Page 257</p> <p>1 You understand that, correct? 2 A. Uh-huh. 3 MS. WICHT: Object to the form. 4 Q. "Orders deviating substantially 5 from a normal pattern," correct? 6 A. Uh-huh. 7 Q. "And orders of unusual frequency." 8 You understand that, too, correct? 9 A. Yes. 10 Q. Okay. So a suspicious order is 11 something that has -- is an order that's of 12 unusual size, correct? 13 MS. WICHT: Object to the form. 14 A. Unusual size is, yeah, one of the 15 components. 16 Q. Okay. Well, it's one of the ways 17 that you have a suspicious order, is unusual 18 size. That's what the DEA's telling you in this 19 letter, correct? 20 MS. WICHT: Object to the form. 21 A. That's what it says in the letter. 22 Q. Okay. And it's not only what it 23 says in the letter, but you said earlier, this 24 is one of the expectations that the DEA had of</p>

<p style="text-align: right;">Page 258</p> <p>1 Cardinal Health. That's the way you interpreted 2 this when you looked at it; is that correct?</p> <p>3 A. Yeah. We --</p> <p>4 MS. WICHT: Object to form.</p> <p>5 A. We discussed our interpretation 6 with members of the Drug Enforcement 7 Administration, and our interpretation of our 8 suspicious order monitoring, our reporting 9 requirements, was executed in agreement with the 10 agency after the meeting of 2009.</p> <p>11 Q. Well, do you have -- did they send 12 you a letter like this P1.4050, after this 2009 13 meeting that somebody at Cardinal Health had?</p> <p>14 A. It was not a letter, but it was an 15 interactive session between members of Cardinal 16 Health and members of the Drug Enforcement 17 Administration.</p> <p>18 Q. And who was there for Cardinal 19 Health?</p> <p>20 A. Was Michael Moné.</p> <p>21 Q. Well, let me ask you this. Were 22 you there?</p> <p>23 A. I wasn't there.</p> <p>24 Q. So you weren't there, so you don't</p>	<p style="text-align: right;">Page 260</p> <p>1 A. I thought I was answering your 2 question.</p> <p>3 Q. I know. I know you thought you 4 were, but I just want you to listen to what I'm 5 asking you.</p> <p>6 What I'm asking you is, this group 7 of people that you've talked about, did they 8 ever give you a document or a letter, similar to 9 4050 that we've just looked at, that outlined 10 from the DEA what they expected of Cardinal 11 Health after this meeting that you've talked 12 about?</p> <p>13 MS. WICHT: Object to --</p> <p>14 Q. Yes or no?</p> <p>15 MS. WICHT: Object to the form.</p> <p>16 A. I don't have a document from them.</p> <p>17 Q. They never gave you a document?</p> <p>18 A. (Shakes head.)</p> <p>19 Q. So if they withheld that document 20 from you, that would be something that would 21 have been difficult for you to do your job, them 22 withholding it, correct?</p> <p>23 MS. WICHT: Object to the form.</p> <p>24 Speculation.</p>
<p style="text-align: right;">Page 259</p> <p>1 actually know what was said? It was just 2 something that Mr. Moné conveyed to you, 3 correct?</p> <p>4 A. Mr. Moné, not only Mr. Moné, but 5 also Mr. Bob Giacalone and Mr. Craig Morford.</p> <p>6 Q. And did they ever give you a piece 7 of paper or a letter from the DEA, like this 8 document here that we've been looking at, that 9 gave you guidance so you could read it and 10 understand it?</p> <p>11 MS. WICHT: Object to the form of 12 the question.</p> <p>13 A. They gave me an overview of our 14 suspicious order monitoring program, gave me an 15 update on the meeting that they had in our 16 corporate center with members of DEA, including 17 Barbara Boockholdt, Sue Langston, and also the 18 results of all the inspections that we were 19 having. And no indication whatsoever that we 20 were not meeting the expectations of the agency.</p> <p>21 Q. Sir, what I'd really like is if 22 you just listen to my question, okay, and see if 23 you can answer the question that I'm asking. 24 Okay?</p>	<p style="text-align: right;">Page 261</p> <p>1 A. I don't believe they had any cause 2 to be withholding any documents from me.</p> <p>3 Q. Okay. You just said the DEA never 4 sent a document out about it, correct?</p> <p>5 MS. WICHT: Object to the form of 6 the question.</p> <p>7 A. What did you say again? I didn't 8 hear you.</p> <p>9 Q. You can strike the question.</p> <p>10 So the only document -- how many 11 documents have you seen -- how many letters like 12 this have you seen from the DEA?</p> <p>13 A. I believe two letters.</p> <p>14 Q. Okay. One in 2006 and one in 15 2007?</p> <p>16 A. Yep.</p> <p>17 Q. And the 2006 is the one we just 18 referenced here?</p> <p>19 A. Yep.</p> <p>20 Q. And from 2007 forward until -- you 21 haven't seen any other letters from the DEA 22 describing Cardinal's responsibilities?</p> <p>23 A. It is possible, but I don't 24 recall.</p>

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1 Q. Okay. And if we could look also
2 at P1.4915.

3 - - -

4 (Cardinal-Quintero Exhibit 13 marked.)

5 - - -

6 MR. HUNTER: What are the Bates
7 numbers, please?

8 BY MR. GRAY:

9 Q. And, sir, this is 21 CFR Section
10 1301.74. You're familiar with this section; is
11 that correct?

12 A. With the 21 CFR, yes. Not within
13 the specific of all the sections, so I will have
14 to review this one.

15 MS. WICHT: This is -- it's one
16 section of it, correct?

17 MR. GRAY: Correct.

18 (Pause in proceedings.)

19 A. Yeah, I read the content.

20 Q. And when did you first become
21 familiar with 21 CFR 1301.74?

22 A. I was -- I started reading soon
23 before and soon after, educating myself on some
24 of the aspects of the regulation. I was

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1 familiar with some of the regulation because one
2 of my -- the manufacturing facilities that I was
3 responsible for had controlled substances, so we
4 had to be familiar with the Controlled
5 Substances Act.

6 Q. Okay. And you understood, as we
7 talked about in the previous exhibit, 4050, that
8 one of the requirements that the law placed upon
9 Cardinal Health was that "The registrant shall
10 design and operate a system to disclose the
11 registrant's suspicious orders of controlled
12 substances," correct?

13 MS. WICHT: Object to the form.

14 A. The regulatory requirement is to
15 operate a system to detect and report suspicious
16 orders, which we did.

17 Q. And that "The registrant shall
18 inform the field division office of the
19 administration in his area of suspicious orders
20 when discovered by the registrant," correct?

21 A. My understanding is we were
22 operating a system consistent with this
23 requirement as we agreed on the interpretation
24 of this requirement during the 2009 meeting

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1 between DEA and Cardinal Health.

2 Q. Yeah. Well, we're going to talk
3 about that later. But what I'm asking you right
4 now is, you understood that as the registrant
5 shall inform the DEA of suspicious orders when
6 discovered by the registrant. You understood
7 that was the rule and the law of the United
8 States as it related to Cardinal Health
9 distributing opioid narcotics, correct?

10 MS. WICHT: Object to the form.

11 A. Correct. I agree with the
12 regulatory requirements stated in 21 CFR
13 1301.74.

14 Q. And this regulation has never
15 changed, has it?

16 A. Not to the best of my knowledge.

17 Q. Okay. So -- and then further,
18 "The suspicious orders include orders of unusual
19 size."

20 You understand that, don't you?

21 MS. WICHT: Object to the form.

22 A. Unusual size, yeah. That's one of
23 the elements.

24 Q. And suspicious orders also include

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1 "orders deviating substantially from a normal
2 pattern."

3 You understand that, don't you?

4 A. It's what the regulation says.

5 Q. And you understand that the
6 regulation tells Cardinal Health that suspicious
7 orders include orders of unusual frequency, as
8 well, correct?

9 A. That's what the regulation says.

10 Q. Okay, sir. Could you look back at
11 Exhibit 5, which is P1.4085.

12 Do you have that in front of you,
13 sir?

14 A. Yes.

15 Q. And Page 12, down at the bottom.
16 My colleague was asking you, Mr. Kroeger, about
17 this earlier. Do you have that, sir?

18 Down at the bottom, Mr. Arpaio of
19 the DEA "communicated to Mr. Moné that due
20 diligence investigations must be performed on
21 all customers, chain pharmacies included, when
22 it appears that suspicious high volume orders
23 are requested of controlled substances and
24 questionnaires should be sent to these chains."

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1 Now, did Mr. Moné ever tell you
2 about his conversation with the DEA Mike Arpaio?

3 MS. WICHT: Object to form.

4 A. I don't recall this particular
5 conversation, if he had it with me or not.

6 Q. Well, if he would have had it with
7 you, do you think you would have recalled it?
8 Because at the time, you were not doing that
9 with chain pharmacies, were you? You were not
10 doing due diligence investigation on chain
11 pharmacies.

12 MS. WICHT: Object to the form.

13 A. We were doing -- we were -- had a
14 threshold system applied to chain pharmacies,
15 and when they trigger the threshold events, each
16 threshold event was investigated and determined
17 whether or not additional information was needed
18 before we could classify that as a suspicious
19 order.

20 Q. But you weren't doing due
21 diligence investigation on chain pharmacies,
22 were you?

23 A. We were doing --

24 MS. WICHT: Object to the form.

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1 Sorry.

2 A. We did investigations in
3 partnership with chain pharmacies.

4 Q. Okay. Well, what you actually did
5 was you called or otherwise corresponded with
6 the chain and had them do their investigation
7 and get back with you about whether or not they
8 felt like it was suspicious or not, correct?

9 MS. WICHT: Object to the form.

10 A. We communicated with the chain and
11 requested additional investigation on particular
12 pharmacy, which included the results of their
13 investigation.

14 Q. But you relied on the results of
15 their investigation, correct?

16 MS. WICHT: Object to the form.

17 A. We used the result of the
18 investigation as one of the elements to -- for
19 us to make a decision. Like, for example, on
20 219, I requested one of our members of our staff
21 to go to the store and do a surveillance
22 inspection.

23 Q. Okay. And -- but Mr. Moné never
24 informed you of what Mr. Arpaio of the DEA said

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1 concerning chain pharmacies, or at least you
2 don't recall having that -- understood that?

3 A. I don't recall having that
4 conversation with Michael.

5 Q. Okay. Would that have been
6 something that you think you would have
7 recalled? Because that's pretty important.
8 It's a DEA communication to Mr. Moné, who at the
9 time was head of anti -- or was underneath you
10 in anti-diversion, correct?

11 MS. WICHT: Object to the form.

12 A. Don't recall this conversation.
13 Don't recall -- I don't know who Mike Arpaio is.
14 So to the best of my knowledge, I cannot judge
15 whether this conversation took place or not.
16 You will have to ask Mr. Moné or Mike Arpaio
17 about this conversation.

18 Q. So Mr. Moné would be a better
19 person to discuss his communication with the DEA
20 Mike Arpaio than you because you don't recall
21 the conversation Mr. Moné had with you and
22 whether he did or not, correct?

23 A. Mr. Moné would be a better person
24 to comment on any interaction that he may have

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1 or not have with Mike Arpaio.

2 ---
3 (Cardinal-Quintero Exhibit 14 marked.)

4 ---
5 BY MR. GRAY:

6 Q. Mr. Quintero, I've showed you what
7 has been marked as Plaintiff's Exhibit 14 to
8 your deposition, P1.43.

9 A. Uh-huh.

10 Q. And I'd ask you if you've ever
11 seen this document before.

12 A. No, I haven't.

13 Q. No one at Cardinal Health ever
14 showed you Exhibit 14 to your deposition?

15 A. I'm not -- I was not in charge of
16 the anti-diversion department at this point in
17 time, so I did not have responsibilities over
18 this.

19 Q. But you've never been shown this
20 letter before?

21 A. I don't recall me having this
22 document or seeing this document before.

23 Q. And no one ever discussed this
24 document with you before at Cardinal Health?

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1 MS. WICHT: You should just --
 2 Mr. Quintero, if there's -- I don't know
 3 whether there have been conversations
 4 that you would have had with lawyers for
 5 Cardinal about this document. If there
 6 were, you should just exclude those from
 7 your answer because those would be
 8 privileged. But you can answer
 9 otherwise.

10 BY MR. GRAY:

11 Q. Have you ever had -- go ahead and
 12 answer my question if you can.

13 A. To be honest with you, I don't
 14 recall seeing this document before. This is the
 15 first time that I've -- that I believe I've seen
 16 it.

17 Q. And you don't recall ever having
 18 any conversations with anyone about this
 19 document, correct?

20 A. I don't recall that.

21 Q. Okay. And, well, let's just go
 22 through this document. It's from the Congress
 23 of the United States House of Representatives.
 24 Do you see that at the very top?

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1 A. I see it, yes.

2 Q. So it's a letter from United
 3 States Congress to George Barrett.

4 Who's Mr. Barrett?

5 A. George used to be the CEO for the
 6 corporation. He became executive chairman of
 7 the board.

8 Q. And Michael Kaufmann, who is
 9 Michael Kaufmann?

10 A. Michael Kaufmann used to be the
 11 chief executive officer for the pharma segment
 12 and chief financial officer for the corporation
 13 and became the chief executive officer for
 14 Cardinal Health.

15 Q. Okay. And if you look at the
 16 second paragraph, it says, "As part of our
 17 investigation, the committee wrote to you on
 18 May 8th, 2017."

19 Did you ever see a letter from the
 20 Congress of the United States to Cardinal Health
 21 dated May 8, 2017, to your recollection?

22 A. I don't recollect seeing that
 23 letter. Like I told you before, you know, my
 24 involvement with the anti-diversion program

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1 ended sometime in 2015, so I was not involved
 2 with the day-to-day activities of this
 3 particular program.

4 Q. All right. And if you turn to the
 5 next page, sir. And the reason why I wanted to
 6 know if anybody ever discussed this document
 7 with you is because if you look in the very
 8 first paragraph, it involves the sale of
 9 hydrocodone and oxycodone in West Virginia by
 10 Cardinal Health there 2007 through 2012.

11 Do you see that?

12 A. I see that.

13 Q. And so that was a period of time
 14 that you were the vice president of regulatory,
 15 correct?

16 A. That period of time. Not entire
 17 time. I became --

18 Q. 2009, you became -- you were
 19 there?

20 A. December 2009.

21 Q. Yes, sir.

22 So 2009 to 2012, so that was a big
 23 portion of the time that you were the vice
 24 president, right?

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1 MS. WICHT: Object to the form.

2 A. I was the vice president of QRA
 3 for the pharmaceutical segment from
 4 December 1st, 2009. That included 2012.

5 Q. Yeah.

6 So -- and that's what we're
 7 talking about here, right, or the Congress of
 8 the United States is asking Mr. Barrett and
 9 Mr. Kaufmann about, about the sale and
 10 distribution of hydrocodone and oxycodone from
 11 2009 to '12. That's a big portion of this 2007
 12 to '12 time frame, isn't it?

13 MS. WICHT: Object to the form.

14 A. So they're asking Mr. Kaufmann and
 15 Mr. Barrett about 2007 to 2012, I see that.

16 Q. Yeah, okay. But nobody ever came
 17 to you, Mr. Kaufmann or Mr. Barrett, and said,
 18 hey, we got this letter from Congress? This is
 19 when you -- a lot of this time was when you were
 20 in charge, can we talk to you about it?

21 A. I did not talk to Mr. Kaufmann or
 22 Mr. Barrett about this letter.

23 Q. Okay. You didn't talk to anybody
 24 about the letter, did you?

<p style="text-align: right;">Page 274</p> <p>1 A. Not that I recall.</p> <p>2 Q. All right. Let's look at what the</p> <p>3 Congress of the United States is saying to</p> <p>4 Cardinal. They're saying that you distributed</p> <p>5 from 2007 to 2012 -- this is the first</p> <p>6 paragraph -- 241,122,241 doses of hydrocodone</p> <p>7 and oxycodone to West Virginia.</p> <p>8 Now, do you believe those numbers</p> <p>9 to be true?</p> <p>10 A. I don't have the information. I'm</p> <p>11 assuming that Congress collected this</p> <p>12 information from somebody, but I don't have</p> <p>13 information in front of me. So -- and I haven't</p> <p>14 done the analysis, so I don't know if that</p> <p>15 number is accurate or not.</p> <p>16 Q. Okay. Well, you don't think</p> <p>17 Congress got it wrong, do you?</p> <p>18 MS. WICHT: Object to the form of</p> <p>19 the question.</p> <p>20 A. I don't have the data to say</p> <p>21 Congress calculated the numbers right or</p> <p>22 Congress calculated the numbers wrong, because I</p> <p>23 don't have the data.</p> <p>24 MS. WICHT: They put the source of</p>	<p style="text-align: right;">Page 276</p> <p>1 distribution of drug product, but I don't recall</p> <p>2 that they contained the actual number. I don't</p> <p>3 remember.</p> <p>4 Q. Would that have been important to</p> <p>5 you in your job to know that there were</p> <p>6 241,122 -- or 241,122,241 doses of hydrocodone</p> <p>7 and oxycodone being distributed to West Virginia</p> <p>8 between 2007 and 2012?</p> <p>9 MS. WICHT: Object to the form.</p> <p>10 A. All of the information that is</p> <p>11 provided in terms of dosage unit has to be taken</p> <p>12 into context with the number of pharmacies that</p> <p>13 we serve in a particular state, size of the</p> <p>14 state, number of hospitals in the state, the</p> <p>15 type of customers that we have in the state. So</p> <p>16 there's -- all that information has to be taken</p> <p>17 into consideration in regards to the volume.</p> <p>18 Q. When you were vice president of</p> <p>19 regulatory, did you ever go to West Virginia?</p> <p>20 A. I've been in West Virginia. I</p> <p>21 went to our Wheeling DC at least once that I</p> <p>22 remember.</p> <p>23 (Reporter clarification.)</p> <p>24 Q. And do you know what the</p>
<p style="text-align: right;">Page 275</p> <p>1 their information in the letter, so it's</p> <p>2 whatever it is.</p> <p>3 Q. Now when you were -- are you --</p> <p>4 MR. GRAY: Counsel, object to the</p> <p>5 form if you'd like.</p> <p>6 BY MR. GRAY:</p> <p>7 Q. When you were vice president of</p> <p>8 regulatory, did you receive the number of doses</p> <p>9 of hydrocodone and oxycodone distributed to West</p> <p>10 Virginia from 2009 to 2012?</p> <p>11 A. We did analysis, but I don't</p> <p>12 recall specifically somebody gave me a number</p> <p>13 for dosage that went to West Virginia. Our</p> <p>14 analysis were based on a pharmacy-by-pharmacy</p> <p>15 basis, and that's how our program operated,</p> <p>16 based on pharmacy and our assessment of their</p> <p>17 due diligence in terms of filling prescriptions</p> <p>18 for legitimate medical purpose.</p> <p>19 Q. Did you ever receive information</p> <p>20 on a statewide basis of the number of oxycodone</p> <p>21 or hydrocodone doses distributed to a specific</p> <p>22 state for a specific year when you were vice</p> <p>23 president of regulatory?</p> <p>24 A. I remember some hit maps based on</p>	<p style="text-align: right;">Page 277</p> <p>1 population of the state of West Virginia is?</p> <p>2 A. Not aware of that.</p> <p>3 Q. 1.8 million.</p> <p>4 Is 241,122,241 doses of</p> <p>5 hydrocodone and oxycodone in relation to 1.8</p> <p>6 million people an unusual size?</p> <p>7 MS. WICHT: Object to the form.</p> <p>8 A. I wouldn't know. We have to take</p> <p>9 into the context and I would have to do an</p> <p>10 analysis to determine that whether or not -- I</p> <p>11 mean, this is total volume, you know. How many</p> <p>12 pharmacies? I don't know. The size of the</p> <p>13 pharmacies. So there's a lot of information</p> <p>14 that is needed for me to be able to have a</p> <p>15 judgment on that.</p> <p>16 Q. Well, why do you need to know any</p> <p>17 more than the population? Why does the number</p> <p>18 of pharmacies matter? Isn't it driven by the</p> <p>19 population of the state?</p> <p>20 MS. WICHT: Object to the form.</p> <p>21 A. The number of pharmacies that we</p> <p>22 have is that we have as customers is relevant to</p> <p>23 the analysis.</p> <p>24 Q. Well, if the ratio between 1.8</p>

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1 million people and 241 million dosage units, is
2 that relevant to what -- to unusual size?

3 A. Like I tell you --

4 MS. WICHT: Object to the form.

5 Sorry.

6 A. -- we can take one piece of
7 information in isolation. It has to be done in
8 totality, including other information that are
9 relevant to the analysis. It cannot be done
10 only when -- like if you send 2 million dosage
11 units to a veteran hospital, is that a high
12 size? Yeah, but it's probably a hospital that
13 needs 2 million dosage unit.

14 Q. Let's go down to Family Discount
15 Pharmacy, Mount Gay-Shamrock, West Virginia.

16 A. Uh-huh.

17 Q. Do you know where Mount
18 Gay-Shamrock, West Virginia, is?

19 A. No, sir. I'm not from West
20 Virginia. I'm from Puerto Rico. Lived in
21 Texas, Tennessee, Virginia, Pennsylvania, Ohio,
22 but never in West Virginia.

23 Q. Okay. But do you know what county
24 Mount Gay-Shamrock, West Virginia is in?

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1 A. Sorry, sir. I don't know exactly
2 where that county is.

3 Q. Let's look at this. It says, in
4 the middle of that paragraph, "According to the
5 DEA data, between 2006 and 2016, Family Discount
6 Pharmacy in Mount Gay-Shamrock received a total
7 of 16,591,208 doses of hydrocodone and oxycodone
8 from all distributors. According to US census
9 data in 2010, Mount Gay-Shamrock had a
10 population of 1,779 people."

11 Do you see that?

12 A. I see that.

13 Q. Now, is that ratio significant to
14 you, 1,779 people, as far as the population,
15 receiving 16.5 million dosage units?

16 A. I don't know where --

17 MS. WICHT: Object to the form.

18 A. I don't know where Mount Gay is
19 located. I don't know if there are other
20 population centers close to Mount Gay. I don't
21 know if there's a cancer hospital in Mount Gay.
22 There's a lot of information that I will have to
23 do an assessment on the question that you're
24 asking me.

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1 Q. But that in and of itself is not
2 significant to you?

3 MS. WICHT: Object to the form.

4 Q. The population and the number of
5 pills?

6 MS. WICHT: Object to the form.

7 A. What I'm saying is that to make a
8 fair assessment of any distribution to any
9 region of the country, you need to have
10 additional data. And many healthcare
11 professionals would agree with me.

12 Q. Let's go down to the next full
13 paragraph. "The DEA Automation of Reports and
14 Consolidated Orders System (ARCOS) data provided
15 to the committee and referenced in the chart
16 below indicate that over a five-year period,
17 Cardinal Health supplied Family Discount
18 Pharmacy with over 6.5 million hydrocodone and
19 oxycodone pills."

20 Do you see that, sir?

21 A. Yes.

22 Q. Now, was that 6.5 million pills to
23 one pharmacy, correct, sir?

24 A. Over a period of five years.

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1 Q. Yeah.

2 Do you see that, sir?

3 A. According to this document.

4 Q. Yeah.

5 Now, we know from looking up top
6 that there's only 1,779 people in Mount Gay. So
7 wouldn't that be an unusual size?

8 A. Like I told you --

9 MS. WICHT: Object to the form.

10 A. -- you need to take the totality
11 of the information, not only the volume. There
12 are other factors that would make a volume like
13 that justifiable.

14 Q. Okay. And if -- keep going. "If
15 accurate, this means that during this period,
16 Cardinal Health shipped an average of 3,561
17 hydrocodone and oxycodone pills every day to
18 this one pharmacy in rural West Virginia."

19 Would that meet the definition,
20 under the CFR, of unusual frequency?

21 MS. WICHT: Object to the form.

22 A. Like I said before, you would need
23 the totality of the information to make an
24 assessment whether or not that volume is

<p style="text-align: right;">Page 282</p> <p>1 appropriate for that particular pharmacy. I 2 don't know if that pharmacy was serving a 3 hospice clinic or hospice facility. I would 4 have to have a lot more information to make that 5 assessment. 6 Q. And when your staff brought this 7 information at Family Discount Pharmacy to your 8 attention, did you do that analysis that you're 9 talking about? 10 MS. WICHT: Object to the form. 11 A. I don't -- I review hundreds of 12 pharmacy. I don't review this particular 13 pharmacy. 14 Q. Okay. You never reviewed this 15 one? Nobody ever brought this one to your 16 attention? 17 A. No, I'm not saying that. I'm 18 saying that I don't recall the review of this 19 particular pharmacy. 20 Q. So this size volume just really 21 didn't hit your radar screen? Because you would 22 have recalled it if it was something that was 23 significant, wouldn't you? 24 MS. WICHT: Object to the form.</p>	<p style="text-align: right;">Page 284</p> <p>1 A. No, sir. Sorry about that. 2 Q. Never been there? 3 A. I don't remember ever being in 4 Williamson, West Virginia. 5 Q. Okay. What if I told you that 6 Williamson County -- Williamson, West Virginia 7 is in Mingo County and Family Discount Drug is 8 in Logan County, they're right next to each 9 other? Two small, little counties in West 10 Virginia. 11 MS. WICHT: Object. I don't know 12 what the question is. 13 BY MR. GRAY: 14 Q. You don't know? You've never 15 investigated, never been to West Virginia, 16 except one time to your DC, correct? 17 MS. WICHT: Let him ask a question 18 before you give an answer, please. 19 Okay? 20 Go ahead and pose a question. 21 BY MR. GRAY: 22 Q. Is that true, sir? The only 23 place -- 24 A. What was the question?</p>
<p style="text-align: right;">Page 283</p> <p>1 Mischaracterizes. 2 A. I disagree with your statement. I 3 review hundreds of pharmacies with my team, and 4 the recollection of the name of a particular 5 pharmacy is not something that I could tell you 6 that I remember this particular one or any other 7 particular one. 8 Q. Last sentence, "This means that 9 Cardinal Health alone shipped an average of 10 approximately 731 opioid pills per year to every 11 man, woman, and child in Mount Gay." 12 Now, that, sir, that would be an 13 unusual size order pursuant to 21 CFR that we 14 discussed earlier, correct? 15 A. I could not say that -- 16 MS. WICHT: Object to the form. 17 A. I could not say that without 18 reviewing the totality of information that we 19 have for this particular pharmacy. 20 Q. All right. Let's go to 43.4. 21 Hurley -- in the middle there, Hurley Drug 22 Company, Williamson, West Virginia. 23 Do you know where Williamson, West 24 Virginia is?</p>	<p style="text-align: right;">Page 285</p> <p>1 Q. The only place you've been in West 2 Virginia is your DC? 3 A. I've driven by West Virginia. I 4 don't remember ever staying in West Virginia. I 5 remember visiting our DC. I don't remember if 6 it was once or more than once, but I have 7 visited our DC in West Virginia. 8 Q. Never been to Mingo County? 9 MS. WICHT: Objection. Asked and 10 answered. 11 A. Sir, I don't know where Mingo 12 County is. 13 Q. Okay. According -- right under 14 this, Hurley Drug, Williamson, West Virginia. 15 I'm reading this. "According to DEA data, 16 between 2006 and 2016, distributors shipped a 17 total of 20,827,620 hydrocodone and oxycodone 18 pills to Williamson, West Virginia." 19 Do you see that, sir? 20 A. Is that on the next page? 21 MS. WICHT: I think he's on 4. 22 THE WITNESS: 4? 23 MS. WICHT: Yeah. 24 A. That's what it says in this</p>

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1 document.
 2 BY MR. GRAY:
 3 Q. Okay, sir. And down at the
 4 next-to-the-last paragraph, it says, "According
 5 to US census data, Williamson's population was
 6 3,191 in 2010."
 7 Do you see that?
 8 A. Where is that in the document?
 9 Q. Page 43.4.
 10 A. Okay. Towards the end of the
 11 document.
 12 Q. Very last paragraph.
 13 A. Okay.
 14 Q. So, again, the ratio of population
 15 to the amount of pills, 3,191 population, and
 16 20.8 million pills, under the rules and
 17 regulations that we talked about, the letter and
 18 the CFR, does that -- as the vice president of
 19 regulatory, is that something that you would say
 20 is an unusual size under the regulation?
 21 MS. WICHT: Object to the form.
 22 A. The letter is not the regulation.
 23 The regulation is the Controlled Substances Act.
 24 Q. Under the Controlled Substances

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1 Act, would you say that's an unusual size for a
 2 population of 3,191 people?
 3 A. You would have to see the totality
 4 of information, like I told you before. You'd
 5 have to look at other factors to determine if
 6 that particular size was appropriate for that
 7 pharmacy during that period of time.
 8 Q. Okay. And what are the factors
 9 you would want to look at?
 10 A. There's many factors as
 11 demographics of the area.
 12 Q. What specifically about the
 13 demographics of 3,191 people?
 14 A. Demographics in terms of, we have
 15 employees, workers' compensation because they've
 16 got injuries, you have to check their hospitals
 17 in the area, if they serve hospice, if that
 18 particular county is close to other counties
 19 that have larger population. Many, many
 20 factors.
 21 Our focus is -- in the due
 22 diligence process is, is the pharmacy conducting
 23 their due diligence and filling prescriptions
 24 for legitimate medical use.

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1 Q. How big would the hospice need to
 2 be?
 3 MS. WICHT: Object to the form of
 4 the question.
 5 A. I personally do not know that, but
 6 is one of the -- is one of the information that
 7 my team at that time will ask the pharmacy if
 8 they served hospices.
 9 Q. So that would be something that
 10 Mr. Moné would be better to answer, right, the
 11 size of -- that a hospice would need to be?
 12 MS. WICHT: Object to the form.
 13 A. I think Mr. Moné had more details
 14 on the mechanics of the program at that time
 15 than I do in terms of the details.
 16 Q. And in a town of 3,191 people, how
 17 many beds would the hospital need to have?
 18 MS. WICHT: Object to the form.
 19 A. You're asking me for details that
 20 I was not involved in the day-to-day execution
 21 of the program and the evaluation of this
 22 pharmacy, but I'm sure my staff evaluated this
 23 pharmacy, then made decisions according to their
 24 best judgment and information that they had.

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1 Q. Well, you just told us that you
 2 looked at hundreds of pharmacies every year,
 3 right?
 4 A. I look -- I have looked at
 5 hundreds of pharmacies.
 6 Q. Do you recall looking at Hurley
 7 Drug Company in Williamson, West Virginia?
 8 A. I don't recall. It's possible,
 9 but I don't recall.
 10 Q. Doesn't stand out to you, correct?
 11 MS. WICHT: Object to the form.
 12 A. I don't recall. I've reviewed so
 13 many pharmacies. I've had -- reviewed so many
 14 pieces of information in my company that I don't
 15 recall every single item that I have reviewed
 16 over a nine-year period.
 17 Q. So in your role as vice president
 18 at Cardinal Health over regulatory, a pharmacy
 19 like Hurley Drug Company would not stand out,
 20 and doesn't stand out, because you don't recall
 21 it, correct?
 22 MS. WICHT: Objection to the form.
 23 Mischaracterizes testimony.
 24 A. I think the characterization is

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1 inaccurate. I think it would have been reviewed
 2 by somebody. I don't know when and how and the
 3 determinations that were made. I don't recall
 4 that.

5 Q. Did you ever instruct your staff
 6 on these issues about how big a pharmacy -- I
 7 mean, how big a hospice should be or how big a
 8 hospital should be? Did you ever have
 9 discussions with them about that in these --
 10 concerning these small, rural counties in West
 11 Virginia?

12 MS. WICHT: Object to the form.

13 A. I don't recall having specific
 14 discussions on the size of hospice. I remember
 15 discussing the number of beds and -- but do not
 16 recall the details on what would that mean in
 17 terms of volume.

18 Q. Well, what do you recall
 19 discussing about the number of beds of a
 20 hospital?

21 A. At a hospital?

22 Q. Yeah.

23 A. Hospital? We develop an algorithm
 24 for hospitals based on the type of hospital, the

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1 specialty for that particular hospital. I
 2 believe it included beds, too.

3 Q. And in your discussions, did you
 4 ever -- well, during the period of time that you
 5 were vice president of regulatory, did West
 6 Virginia, as a state in the amount and number of
 7 opioid drugs being distributed by Cardinal
 8 Health to West Virginia, was that ever a focus
 9 at any meetings that you had with your team?

10 A. I remember reviewing pharmacies in
 11 West Virginia.

12 Q. But the state as a whole, did you
 13 ever look at the state as a whole?

14 A. I remember reviewing several
 15 pharmacies in West Virginia. I do not have
 16 recollection of the names of those pharmacies.

17 Q. You don't recall any of those
 18 pharmacies, correct?

19 MS. WICHT: Object to the form.

20 A. If you ask me to mention name of
 21 pharmacies right now, I would not recollect. We
 22 have thousands of customers.

23 Q. And when -- and no one ever came
 24 to you after Cardinal received this letter to

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1 discuss Hurley Drug with you, correct?

2 A. I don't recall --

3 Q. And no one --

4 A. -- this letter being discussed
 5 with me.

6 Q. Okay. Well, Hurley Drug, did they
 7 ever come to you to discuss Hurley Drug with
 8 you?

9 A. I don't recall.

10 Q. And did they ever come and discuss
 11 with you Family Discount Pharmacy?

12 A. I don't recall.

13 Q. And when you were vice president
 14 of regulatory, in your role, did you ever
 15 discuss with your team the volume of opioids
 16 being distributed in the state of West Virginia?

17 MS. WICHT: Object to the form of
 18 the question.

19 A. I recall us discussing volumes to
 20 specific pharmacies in West Virginia, but do not
 21 recall specific what pharmacies we evaluated.

22 Q. Okay, sir. I really want you to
 23 listen to my question, okay, because I know
 24 you've got a flight to catch, and you need to

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1 listen to my question and see if you can answer
 2 it. Okay?

3 A. Uh-huh.

4 Q. My question is: When you were the
 5 vice president at Cardinal Health in charge of
 6 regulatory, did you ever discuss the amount of
 7 opioid narcotics being distributed by Cardinal
 8 Health in the entire state of West Virginia?
 9 Yes or no?

10 MS. WICHT: Object to the form.

11 A. I cannot say that I recall one way
 12 or another. I remember us reviewing hit maps
 13 where it shows where there were large volume of
 14 opioids being distributed and us deciding to do
 15 investigations for those particular areas. If
 16 West Virginia was one of them, it's possible,
 17 but I don't recall.

18 Q. For a state of 1.8 million people,
 19 what would be a large volume of opioids being
 20 distributed in that state per year?

21 MS. WICHT: Object to the form.

22 A. Sir, I cannot tell you. What I
 23 told you before, you have to look at the
 24 totality of information.

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1 Q. Okay. Well, why don't you know
2 the totality of West Virginia? I mean, Cardinal
3 Health had a distribution center, didn't they,
4 in West Virginia?

5 MS. WICHT: Object to the form.

6 A. We did have -- we do have a
7 distribution center in Wheeling, West Virginia.

8 Q. Okay. And did you ever spend the
9 night in West Virginia?

10 A. I don't remember spending the
11 night. It's possible that I stay in West
12 Virginia when I visited them, but it's possible
13 that I drove back that day. I don't recall.

14 Q. You don't recall, all right.

15 Do you have -- are you familiar,
16 in your role as vice president of regulatory
17 that distributed narcotic opioids to West
18 Virginia, how many hospitals there are in West
19 Virginia?

20 A. Sir, I don't have that -- I don't
21 recall that information. I don't have that
22 information.

23 Q. How about how many hospices there
24 are?

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1 A. Sir, I don't recall that
2 information.

3 Q. How about any of the demographics
4 that you talked to me about earlier, do you know
5 that about West Virginia?

6 A. I don't --

7 MS. WICHT: Object to the form.

8 A. I don't recall any of that
9 information about West Virginia or any other
10 state in the nation.

11 Q. Okay. Don't know about it Ohio,
12 do you?

13 A. I don't -- know the population of
14 Puerto Rico. I think it's 3.4 million. But
15 other than that, I cannot tell you what the
16 population of Ohio is.

17 Q. Don't know what the population of
18 Ohio is.

19 Do you know the population of
20 Cuyahoga County, Ohio?

21 A. No, sir.

22 Q. How about Summit County, do you
23 know that population?

24 A. No, I don't.

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1 Q. Do you know the demographics of
2 Cuyahoga County, Ohio?

3 A. I don't know, sir.

4 Q. Do you know the demographics of
5 Summit County, Ohio?

6 A. (Shakes head.)

7 Q. Do you know where Cuyahoga County
8 is?

9 A. No, sir.

10 Q. You don't know --

11 A. I know Franklin County.

12 Q. You're telling this jury that you
13 don't know where Cuyahoga County, Ohio is?

14 MS. WICHT: Object to the form of
15 the question.

16 A. I don't know that, sir.

17 Q. Are you telling this jury you
18 don't know where Summit County, Ohio is?

19 A. Sir, I don't know where Summit,
20 Ohio, County is.

21 Q. Never been there, as far as you
22 know?

23 A. I don't know. I could have driven
24 by it in my -- some place. I drive all over the

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1 place, so I'm assuming I've been in many
2 different places. But if you tell me a county,
3 I will not know what the name of the county.
4 Counties that I'm familiar with: Franklin
5 County, Delaware County. That's where I reside
6 and that's where I work.

7 Q. Okay. Do you know the population
8 of Cuyahoga County?

9 A. Sir, I told you I didn't know
10 where Cuyahoga County was, so how can I know the
11 population if I don't even know where it is.

12 Q. How about Puerto Rico, do you know
13 the population of Puerto Rico?

14 A. Around 3.4 million people.

15 Q. How about San Juan?

16 A. I'm not sure of the population. I
17 think it's closer to a million, but I'm not sure
18 of that either.

19 Q. Closer to a million?

20 A. I think. I'm not sure.

21 MR. GRAY: 4019, please.

22 ---

23 (Cardinal-Quintero Exhibit 15 marked.)

24 ---

<p style="text-align: right;">Page 298</p> <p>1 BY MR. GRAY:</p> <p>2 Q. Sir, let me show you what is</p> <p>3 P1.4019, if you turn to Page 2. We've marked</p> <p>4 that as Plaintiff's Exhibit Number 15 to your</p> <p>5 deposition.</p> <p>6 Have you ever seen this document</p> <p>7 before, sir?</p> <p>8 A. Yes, I have seen this document</p> <p>9 before.</p> <p>10 MS. WICHT: Maybe mine is just</p> <p>11 missing some pages. I don't have a</p> <p>12 Page 1 or a Page 2 in my copy.</p> <p>13 MR. GRAY: Oh, really?</p> <p>14 MS. WICHT: It may be that the</p> <p>15 witness does. I can't tell whether we</p> <p>16 have the same thing or not.</p> <p>17 MR. GRAY: I'm sorry.</p> <p>18 MS. WICHT: It's okay.</p> <p>19 MS. WADHWANI: I don't either, but</p> <p>20 I'm not necessary.</p> <p>21 MR. GRAY: I apologize.</p> <p>22 MS. WICHT: That's okay. I just</p> <p>23 want to make sure it's the same thing.</p> <p>24 That's all.</p>	<p style="text-align: right;">Page 300</p> <p>1 Do you recall that?</p> <p>2 A. Uh-huh.</p> <p>3 Q. Okay. And if you turn to the next</p> <p>4 page, despite the -- and if you look at</p> <p>5 Paragraph 3, "Despite the MOA, the specific</p> <p>6 guidance provided to Cardinal by the DEA, and</p> <p>7 despite the public information readily available</p> <p>8 regarding oxycodone epidemic in Florida,</p> <p>9 Cardinal has failed to maintain effective</p> <p>10 controls against the diversion of controlled</p> <p>11 substances into other than legitimate medical,</p> <p>12 scientific, and industrial channels, in</p> <p>13 violation of 21 USC Section 823(b)(1) and</p> <p>14 (e)(1)."</p> <p>15 Do you see, that sir?</p> <p>16 A. I see that language in the</p> <p>17 document.</p> <p>18 Q. And so the DEA indicated here that</p> <p>19 they gave you specific guidance and you failed</p> <p>20 to follow it.</p> <p>21 Do you see that?</p> <p>22 MS. WICHT: Object to the form.</p> <p>23 A. This is in the first sentence it</p> <p>24 says that?</p>
<p style="text-align: right;">Page 299</p> <p>1 Would you turn to Page 3 on yours</p> <p>2 and I can just check that it's the same</p> <p>3 thing?</p> <p>4 MR. GRAY: Why don't you check and</p> <p>5 make sure he's got --</p> <p>6 MS. WICHT: Okay. It appears to</p> <p>7 be. It's -- we can go ahead, and if</p> <p>8 there's something I need to take a look</p> <p>9 at, I will do that.</p> <p>10 MR. GRAY: Okay. I'm sorry.</p> <p>11 MS. WICHT: That's okay.</p> <p>12 BY MR. GRAY:</p> <p>13 Q. Actually, sir, if you look at</p> <p>14 Page 3, 40193 --</p> <p>15 A. Yes.</p> <p>16 Q. -- now -- well, actually, if you</p> <p>17 turn back to Page 2. I'm sorry. Just the first</p> <p>18 sentence of paragraph -- numbered paragraph 2</p> <p>19 which says, "On September 30th, 2008, Cardinal</p> <p>20 entered into an Administrative Memorandum of</p> <p>21 Agreement with the DEA."</p> <p>22 Do you see that, sir? I'm just</p> <p>23 using it as a reference. And you talked to my</p> <p>24 colleague, Mr. Kroeger, about the 2008 MOA.</p>	<p style="text-align: right;">Page 301</p> <p>1 Q. Yeah. And, in fact, they're</p> <p>2 telling you that you violated the law, correct?</p> <p>3 MS. WICHT: Object to the form.</p> <p>4 A. I think the language there says in</p> <p>5 violation of 21 USC (b)(1) and (1)(e) -- I</p> <p>6 believe that's an (l) or (1).</p> <p>7 Q. And do you recall earlier when we</p> <p>8 were going through the 2006 letter that you</p> <p>9 looked at when you first came to 2009, that it</p> <p>10 talked about what 21 USC -- what the DEA thought</p> <p>11 21 USC Section 823 instructed Cardinal on? Do</p> <p>12 you recall that?</p> <p>13 MS. WICHT: Object to the form,</p> <p>14 foundation.</p> <p>15 MR. GRAY: You can look at the</p> <p>16 foundation. It's in the letter. You</p> <p>17 and I talked about it. It's effective</p> <p>18 controls.</p> <p>19 THE WITNESS: Is this the document</p> <p>20 you're talking about (indicating)?</p> <p>21 MR. GRAY: No, sir. It's this</p> <p>22 document here, 4050, the letter that you</p> <p>23 reviewed from 2006 from the DEA.</p> <p>24</p>

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1 BY MR. GRAY:
 2 Q. Specifically, sir, if you just go
 3 back and look at 4050.3.
 4 Could you pull that up, sir.
 5 4050.3, and in the third full
 6 paragraph, 21 USC 823(e).
 7 Do you see that in the middle,
 8 sir? And what the DEA in this letter's telling
 9 Cardinal Health is that they have a duty of a
 10 distributor to maintain effective controls
 11 against diversion of controlled substances into
 12 other than legitimate medical, scientific and
 13 industrial channels.
 14 And you understood that; we talked
 15 about it earlier. You understood that was one
 16 of the requirements that the DEA placed on
 17 Cardinal Health in order to distribute opioids,
 18 correct?
 19 MS. WICHT: Object to the form of
 20 the question.
 21 A. The regulations of the Controlled
 22 Substances Act requires us to have effective
 23 controls against diversion, which I believe --
 24 Q. Yes, sir.

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1 A. -- we have and we have done in the
 2 past.
 3 Q. Well, I know you believe it, but
 4 if you go to this document that I've just shown
 5 you, P1.4019, Page 3, the DEA said you failed to
 6 maintain effective controls against diversion in
 7 violation of the law, correct?
 8 A. We disagree with that statement.
 9 We have fulfilled our regulatory requirements of
 10 developing effective controls against diversion
 11 of controlled substances, as we had shown by our
 12 termination over 350 customers during the period
 13 of time that I remember.
 14 Q. Sir --
 15 A. I believe that number is probably
 16 much higher now.
 17 Q. Okay. Well, sir, are you aware
 18 that your company paid a \$34 million fine for
 19 this failure?
 20 MS. WICHT: Object to the form of
 21 the question.
 22 A. I'm aware that we reached a
 23 settlement with the US Department of Justice and
 24 that we paid a sum of money as part of the

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1 settlement.
 2 Q. Do you understand it was
 3 \$34 million?
 4 A. I understand that we paid in
 5 settlement.
 6 Q. You don't know it was 34 million?
 7 A. I think it's -- I don't recall the
 8 exact number. Don't have any reason not to
 9 believe that it's 34, but I would have to check
 10 the settlement to refresh my mind.
 11 Q. It's really 44 million, but we'll
 12 get to that. But for this problem, you paid
 13 34 million.
 14 Do you understand that?
 15 MS. WICHT: Objection.
 16 Q. Did anybody at Cardinal Health
 17 ever tell you that they paid \$34 million for
 18 this failure?
 19 MS. WICHT: Object to the form of
 20 the question.
 21 A. Repeat the question again.
 22 Q. Did anybody at Cardinal Health
 23 ever tell you they paid \$34 million for this
 24 failure to maintain effective controls?

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1 MS. WICHT: Object to the form of
 2 the question.
 3 A. Cardinal Health, they had -- I was
 4 told that we paid an amount of money, and I
 5 don't disagree with \$34 million, as part of a
 6 settlement that we reached with the food and
 7 drug -- I mean, the Drug Enforcement
 8 Administration.
 9 Q. Is \$34 million a lot of money to
 10 Cardinal Health?
 11 MS. WICHT: Object to the form of
 12 the question.
 13 A. \$34 million is a lot of money.
 14 Q. It's more than you put into your
 15 capital improvements for diversion, correct?
 16 MS. WICHT: Object to the form of
 17 the question. Mischaracterizes prior
 18 testimony.
 19 A. \$34 million is a lot of money.
 20 Q. A lot of money, okay.
 21 And you put \$25 million into your
 22 capital improvements, right?
 23 MS. WICHT: Object to the form.
 24 Q. To your -- during the period of

<p style="text-align: right;">Page 306</p> <p>1 time that you were in diversion?</p> <p>2 MS. WICHT: Object to the form of</p> <p>3 the question.</p> <p>4 A. Plus thousands of dollars and</p> <p>5 millions of dollars in operating the</p> <p>6 anti-diversion system.</p> <p>7 Q. Do you know what the total revenue</p> <p>8 of Cardinal Health was from 2009 to 2018?</p> <p>9 A. Don't recall, sir.</p> <p>10 Q. Trillion dollars. More than a</p> <p>11 trillion.</p> <p>12 Is 25 million a lot compared to a</p> <p>13 trillion?</p> <p>14 MS. WICHT: Object to the form of</p> <p>15 the question.</p> <p>16 A. It depends what the profit margin</p> <p>17 is for those amount of money. I don't believe</p> <p>18 that we made that much money in profit.</p> <p>19 Q. Yeah, profit's important.</p> <p>20 Okay. Let's go back to 4019.3.</p> <p>21 Let's look at what the DEA said. I want to ask</p> <p>22 you some questions about that.</p> <p>23 In 4a, from 2008 to 2009,</p> <p>24 Cardinal's sales to its top four retail pharmacy</p>	<p style="text-align: right;">Page 308</p> <p>1 Section 1301.74, which is P1.419 [sic], which we</p> <p>2 have up here on the screen, at the very last</p> <p>3 sentence, sir, it says, "Suspicious orders</p> <p>4 include orders of unusual size."</p> <p>5 Okay? And then it says,</p> <p>6 "Suspicious orders include orders deviating</p> <p>7 substantially from a normal pattern." And then</p> <p>8 it says, "Suspicious orders include orders of</p> <p>9 unusual frequency."</p> <p>10 So this 803 percent in one year,</p> <p>11 which one of those three would it -- in your</p> <p>12 mind, as vice president of regulatory, which one</p> <p>13 of those three would it meet?</p> <p>14 MS. WICHT: Object to the form of</p> <p>15 the question. Foundation.</p> <p>16 Mischaracterize.</p> <p>17 A. The increase would hit likely a</p> <p>18 threshold event, which requires other members of</p> <p>19 our staff to assess whether or not that increase</p> <p>20 is justifiable for legitimate medical reasons.</p> <p>21 And if it is justifiable, that was the system</p> <p>22 that we had at that time and that was agreed</p> <p>23 with the agency in our meeting of 2009 that the</p> <p>24 order didn't have to be reported as suspicious</p>
<p style="text-align: right;">Page 307</p> <p>1 customers increased to approximately 803</p> <p>2 percent.</p> <p>3 Now, what I want to ask you about</p> <p>4 that is, you and I have talked about the law.</p> <p>5 Do you think that 803 percent increase is</p> <p>6 unusual size or frequency for pattern?</p> <p>7 MS. WICHT: Object to the form of</p> <p>8 the question.</p> <p>9 Q. And I'm asking you this in your</p> <p>10 context as a vice president of regulatory.</p> <p>11 A. It's an --</p> <p>12 MS. WICHT: Same objection.</p> <p>13 A. It's an increase in volume that</p> <p>14 should be looked at.</p> <p>15 Q. Okay. So it would meet one of</p> <p>16 those three criteria, correct, as a suspicious</p> <p>17 order?</p> <p>18 MS. WICHT: Objection to the form</p> <p>19 of the question.</p> <p>20 A. I did not -- I did not say that</p> <p>21 and you're mischaracterizing my answer. It's a</p> <p>22 volume that I think would be appropriate to</p> <p>23 evaluate to determine if it's concerning or not.</p> <p>24 Q. Well, if we go back to 21 CFR</p>	<p style="text-align: right;">Page 309</p> <p>1 after that assessment was done.</p> <p>2 Q. Yeah, but --</p> <p>3 A. It cannot be determined to be</p> <p>4 suspicious until an assessment was done. That</p> <p>5 was the agreement that we had with the agency at</p> <p>6 that time.</p> <p>7 Q. Now, I want you to -- it's right</p> <p>8 there on the screen. I want you to look at the</p> <p>9 law, and I want you to tell me where all of that</p> <p>10 that you just said is in the law.</p> <p>11 A. It says --</p> <p>12 MS. WICHT: Object to the form of</p> <p>13 the question.</p> <p>14 A. The interpretation that we had</p> <p>15 with the agency at that time, based on the</p> <p>16 meeting that we had in 2009 with Ruth Carter and</p> <p>17 Sue Langston was the definition that we were</p> <p>18 using to determine what was a suspicious order,</p> <p>19 which was consistent with the regulatory</p> <p>20 requirements as we understood it and as we</p> <p>21 thought expectations of the agency were at that</p> <p>22 time.</p> <p>23 Q. Okay. Well, obviously you got it</p> <p>24 wrong, correct?</p>

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1 MS. WICHT: Object to the form of
2 the question. Argumentative.
3 A. I wouldn't say that we got it
4 wrong. I would say that the agency changed the
5 interpretation of the regulations and we had
6 multiple opportunities for the agency to tell us
7 that our interpretation was wrong and it was
8 never done.
9 Q. Okay. Well, go back to my
10 question. Where in the law does it say all of
11 that stuff you're talking to me about? What the
12 law says is, suspicious orders include orders of
13 unusual size; suspicious orders include orders
14 deviating substantially from the normal pattern;
15 orders of unusual frequency.
16 So this 803 percent, which one of
17 those would it be?
18 MS. WICHT: Objection. Asked and
19 answered.
20 Q. Is it unusual size, or is it
21 deviating from normal pattern or frequency?
22 Which one is it?
23 MS. WICHT: Objection. Asked and
24 answered.

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1 Q. I want you to look at the law, not
2 your interpretation.
3 MS. WICHT: Objection. Asked and
4 answered. Several times.
5 A. I'm looking at -- I've answered
6 that question more than once. And I told you,
7 you know, we had a meeting with the DEA --
8 Q. Sir, sir, I'm not asking about the
9 meeting --
10 A. -- in 2009 where, we discussed --
11 Q. -- what I'm asking about is the
12 law. The law.
13 MS. WICHT: Okay. Let him answer
14 the question.
15 MR. GRAY: We're going to be here
16 all day.
17 MS. WICHT: Well, you have seven
18 hours total, so keep going.
19 BY MR. GRAY:
20 Q. Where under the law is Section 21
21 CFR 1301.74, P1.4915, does it say anything other
22 than a suspicious order includes orders of
23 unusual size, orders deviating substantially
24 from a normal pattern, and orders of unusual

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1 frequency?
2 MS. WICHT: Object to the form.
3 And asked and answered.
4 A. We were following the regulations
5 as we understood at that time.
6 Q. Sir, answer my question. Where
7 does it say anything other than what I read?
8 MS. WICHT: Object to the form.
9 A. I maintain my previous answer
10 that, this language was discussed with members
11 of DEA and headquarters. We agreed on the
12 interpretation of the language and we were
13 executing our program according to that
14 interpretation.
15 Q. Okay. And you weren't at this
16 meeting?
17 A. Like I told you before, I got to
18 Cardinal Health December 1st, 2011. That
19 meeting occurred earlier that year.
20 Q. And nobody ever showed you a
21 document from the DEA about that meeting?
22 MS. WICHT: Objection. Asked and
23 answered.
24 A. I had updates from several members

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1 of the Cardinal Health team, including Michael
2 Moné, including Bob Giacalone, including my
3 boss, with a consistent interpretation of the
4 outcome of the meeting with the DEA. The DEA
5 had plenty of opportunity to tell us that our
6 interpretation was not adequate during the
7 dozens and dozens of cyclic inspections that we
8 had, and that was --
9 Q. And that's exactly what they're
10 doing in this document, 4019, is telling you
11 that you failed and you broke the law, correct?
12 A. We were --
13 MS. WICHT: Object to the form of
14 the question.
15 Q. Is that true, sir?
16 A. We were surprised by the agency
17 taking this action against us because it was our
18 understanding that we were meeting the
19 expectations of the agency. And it was our
20 understanding that we were performing according
21 to the regulatory requirements of the Controlled
22 Substances Act.
23 Q. Well, you were -- you were so
24 surprised -- did Cardinal Health put you in

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1 charge of trying to get the \$34 million back you
2 paid in a fine?

3 MS. WICHT: Object to the form of
4 the question.

5 A. I don't work for sales. My job is
6 in regulatory, it's make sure that we have
7 regulatory programs that helps the company
8 comply with the regulatory requirements.

9 Q. In fact, you were so surprised
10 that you were just clearly interpreting the
11 rules and regulation and laws concerning
12 distribution just completely improperly, right?

13 MS. WICHT: Object.

14 Q. I mean, you're going --

15 A. I don't believe that --

16 MS. WICHT: Object to the form of
17 the question.

18 A. I don't believe at that time we
19 had that understanding. At that time, we felt
20 that we were meeting our regulatory
21 requirements, as I told you, and that was the
22 understanding that we had with -- from the
23 meeting that we had with Barbara Boockholdt and
24 Sue Langston.

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1 Q. And despite this document in front
2 of you right now, P1.4019.2 and the \$34 million
3 fine and everything that's contained in it,
4 you're still surprised, aren't you?

5 MS. WICHT: Object to the form of
6 the question.

7 A. I was -- we were surprised at that
8 time and we made changes to the program.

9 Q. And you're still surprised. My
10 question is, are you still surprised?

11 MS. WICHT: Let him finish his
12 answer, please.

13 MR. GRAY: Well, he's not
14 answering the question.

15 BY MR. GRAY:

16 Q. Are you still surprised? That's
17 the question.

18 A. We were surprised at that time,
19 and no longer surprised. I mean, that happened
20 a long time ago, so we -- I was surprised at
21 that time. We made changes to our program
22 according to the new expectations from the
23 agency.

24 MS. WICHT: We've been going about

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1 an hour and ten minutes. Whenever it is
2 a good time to take a short break.

3 MR. GRAY: Okay. That's fine.

4 VIDEOGRAPHER: Time is now 2:28.

5 Going off the record.

6 (Recess taken.)

7 VIDEOGRAPHER: Time is now 2:46.

8 Back on the record.

9 - - -

10 (Cardinal-Quintero Exhibit 16 marked.)

11 - - -

12 BY MR. GRAY:

13 Q. Mr. Quintero, I'm showing you what
14 we've marked as Plaintiff's Exhibit 16 to your
15 deposition, P1.565. I want to ask you if you've
16 ever seen this document before.

17 A. I believe I have seen this before.

18 Q. And at the very top,
19 "Administrative Memorandum of Agreement," do you
20 see that, sir?

21 A. Yep.

22 Q. Okay. And if you look at 5a, can
23 you read that into the record for me, please.

24 A. 5a?

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1 Q. Yes, sir.

2 A. "The Order to Show Cause" --

3 Q. No, 5 -- well, just 5a.

4 MS. WICHT: You can't read a
5 subparagraph without reading the
6 heading.

7 MR. GRAY: He can read the whole
8 document in the record. That's fine.

9 MS. WICHT: Sure.

10 MR. GRAY: If counsel doesn't like
11 you to read just a sentence, go ahead
12 and just read the whole thing.

13 MS. WICHT: Just trying to not be
14 misleading.

15 MR. GRAY: Okay. I'll tell you
16 what.

17 BY MR. GRAY:

18 Q. 5a, I'll read it. "Despite the
19 2008 MOA, Cardinal Lakeland failed to maintain
20 effective controls against diversion of
21 particular controlled substances into other than
22 legitimate medical, scientific, and industrial
23 channels as evidenced by sales of certain
24 customers of Cardinal."

<p style="text-align: right;">Page 318</p> <p>1 Do you see that, sir?</p> <p>2 A. I see that.</p> <p>3 Q. And did anyone at Cardinal Health,</p> <p>4 or did you direct anyone at Cardinal Health, to</p> <p>5 do a list of all the problems that the DEA found</p> <p>6 at the Cardinal Lakeland facility?</p> <p>7 MS. WICHT: Object to the form of</p> <p>8 the question.</p> <p>9 A. Repeat that again.</p> <p>10 Q. Let's do it this way. Did you</p> <p>11 direct anyone to come up with a list of all of</p> <p>12 the ways that Cardinal Health Lakeland failed to</p> <p>13 maintain effective controls against diversion?</p> <p>14 MS. WICHT: Object to the form of</p> <p>15 the question.</p> <p>16 A. I spoke with my staff about some</p> <p>17 of the allegations made by the agency, and we</p> <p>18 talked about, how do we make sure that we meet</p> <p>19 the new requirements that the agency was</p> <p>20 imposing on us.</p> <p>21 Q. These aren't really allegations,</p> <p>22 are they?</p> <p>23 MS. WICHT: Object to the form of</p> <p>24 the question. The document refers to it</p>	<p style="text-align: right;">Page 320</p> <p>1 document. Who did you talk to about Cardinal's</p> <p>2 admission that its due diligence efforts for</p> <p>3 some pharmacy customers and its compliance with</p> <p>4 the 2008 MOA, in certain respects, were</p> <p>5 inadequate? Who did you talk to at the company</p> <p>6 about that?</p> <p>7 MS. WICHT: Mr. Quintero, you</p> <p>8 can -- I don't know whether you had</p> <p>9 discussions with lawyers about that</p> <p>10 subject.</p> <p>11 MR. GRAY: If you had it with</p> <p>12 lawyers, don't tell me what you -- the</p> <p>13 discussion with the lawyers, but you can</p> <p>14 tell me you had it with legal.</p> <p>15 MS. WICHT: Sir, I'll instruct him</p> <p>16 on issues of privilege. It's Cardinal</p> <p>17 Health's privilege, and I'll instruct</p> <p>18 him about what he can and cannot reveal</p> <p>19 under the privilege.</p> <p>20 I agree that if -- what I was</p> <p>21 about to tell him, if you wouldn't have</p> <p>22 interrupted me, was that if he had</p> <p>23 discussed it with lawyers, he could</p> <p>24 identify those lawyers, but he should</p>
<p style="text-align: right;">Page 319</p> <p>1 as an allegation, counsel.</p> <p>2 A. This says above "alleged."</p> <p>3 Q. Okay. Let's look at the next</p> <p>4 page. First paragraph, "Cardinal admits that</p> <p>5 its due diligence efforts for some pharmacy</p> <p>6 customers and its compliance with the 2008 MOA,</p> <p>7 in certain respects, was inadequate."</p> <p>8 Do you see that?</p> <p>9 A. I'm trying to locate where that</p> <p>10 language -- what number?</p> <p>11 Q. Do you see it? See it? See it?</p> <p>12 "Cardinal admits." Do you see that? First</p> <p>13 paragraph.</p> <p>14 A. Oh.</p> <p>15 Q. Yeah.</p> <p>16 Do you see that admission,</p> <p>17 "Cardinal admits"?</p> <p>18 A. I see that's what it says in the</p> <p>19 agreement -- the Memorandum of Agreement.</p> <p>20 Q. Okay.</p> <p>21 A. But my understanding is that we</p> <p>22 were meeting the expectations of the agency, and</p> <p>23 those expectations changed over time.</p> <p>24 Q. Well, you said you'd seen this</p>	<p style="text-align: right;">Page 321</p> <p>1 not reveal the substance of any</p> <p>2 communications.</p> <p>3 A. Most of those conversations that I</p> <p>4 remember, probably all conversations, were in</p> <p>5 front of our chief legal regulatory counsel, Bob</p> <p>6 Giacalone, or with Mr. Morford, our chief legal</p> <p>7 counsel.</p> <p>8 Q. Okay. So you had -- and as your</p> <p>9 lawyer said, you don't have to tell us the exact</p> <p>10 discussions, but you learned of this -- these</p> <p>11 Cardinal admissions with discussions with legal,</p> <p>12 correct?</p> <p>13 MS. WICHT: Object to the form of</p> <p>14 the question.</p> <p>15 THE WITNESS: Can I answer?</p> <p>16 MS. WICHT: You can answer that</p> <p>17 yes or no, if you're able to, if you</p> <p>18 understand the question.</p> <p>19 A. Yes.</p> <p>20 BY MR. GRAY:</p> <p>21 Q. Okay, sir.</p> <p>22 Just so the record's clear, sir,</p> <p>23 you were the vice president of regulatory when</p> <p>24 that last exhibit, 565, was in place, correct,</p>

<p style="text-align: right;">Page 322</p> <p>1 2012?</p> <p>2 A. I was the senior vice president of</p> <p>3 quality and regulatory affairs for the</p> <p>4 pharmaceutical segment.</p> <p>5 - - -</p> <p>6 (Cardinal-Quintero Exhibit 17 marked.)</p> <p>7 - - -</p> <p>8 BY MR. GRAY:</p> <p>9 Q. Let me show you what's P1.4224</p> <p>10 [sic], and has been marked as Plaintiff's</p> <p>11 Exhibit 17 to your deposition, sir, and ask you</p> <p>12 if you've ever seen this document.</p> <p>13 A. What's the date of the document?</p> <p>14 Q. 12/22/16. It's on the front</p> <p>15 stamped.</p> <p>16 A. I don't recall seeing this</p> <p>17 particular document. This document was probably</p> <p>18 produced after I did not have direct</p> <p>19 responsibility for supervising the</p> <p>20 anti-diversion program.</p> <p>21 Q. Okay. When did you leave that</p> <p>22 position?</p> <p>23 A. I believe during the summer of</p> <p>24 2015. Could have been August or September of</p>	<p style="text-align: right;">Page 324</p> <p>1 inform the DEA of those suspicious orders</p> <p>2 pursuant to 21 CFR Section 1301."</p> <p>3 Do you see that, sir?</p> <p>4 A. Yes, I see it.</p> <p>5 Q. Okay. And if you -- if we can go</p> <p>6 back to P1.1941, please. I believe that's</p> <p>7 Exhibit -- I'm not exactly sure what exhibit it</p> <p>8 is. Exhibit 4 to your deposition.</p> <p>9 Do you have it, sir? Mr. Kroeger</p> <p>10 asked you about this document. Now, in 4222.2,</p> <p>11 the government is indicating that you failed to</p> <p>12 inform the DEA of suspicious orders pursuant to</p> <p>13 21 CFR 1301, and in Exhibit 4, 1941, Mr. Mahoney</p> <p>14 is indicating that you told them that Cardinal</p> <p>15 does not report suspicious orders to the DEA.</p> <p>16 Do you see that?</p> <p>17 MS. WICHT: Object to the form of</p> <p>18 the question.</p> <p>19 A. Yeah. And I told you that -- told</p> <p>20 your colleague that statement is completely</p> <p>21 incorrect. If you see, during that period of</p> <p>22 time of 2013, we had reported thousands of</p> <p>23 suspicious orders to DEA. Thousands.</p> <p>24 Q. In 4222, Exhibit 17, the</p>
<p style="text-align: right;">Page 323</p> <p>1 2015.</p> <p>2 Q. Okay. And no one at the company</p> <p>3 has ever showed you this consent order before?</p> <p>4 A. I don't remember seeing it.</p> <p>5 Q. Okay. Did anyone at the company</p> <p>6 ever discuss this consent order with you?</p> <p>7 A. We may have had some conversations</p> <p>8 with the members of the legal team.</p> <p>9 Q. Okay. All right. Sir, if you</p> <p>10 look at 4222.2, the next page, third paragraph.</p> <p>11 "Whereas, the complaint alleges that between</p> <p>12 January 1, 2011 and May 14, 2012."</p> <p>13 Now, that period of time, you were</p> <p>14 the vice president of QRA, correct?</p> <p>15 A. I was senior vice president --</p> <p>16 Q. Senior vice president.</p> <p>17 A. -- of quality and regulatory</p> <p>18 affairs for the pharmaceutical segment.</p> <p>19 Q. Okay. And it indicates, "The</p> <p>20 complaint alleges that between January 1, 2011</p> <p>21 and May 14, 2012, Defendant committed reporting</p> <p>22 violations of the CSA regulations by failing to</p> <p>23 adequately operate a system designed to identify</p> <p>24 suspicious orders of controlled substances and</p>	<p style="text-align: right;">Page 325</p> <p>1 government's saying you didn't do it. You</p> <p>2 didn't report suspicious orders pursuant to</p> <p>3 21 CFR Section 1301.</p> <p>4 Do you see that?</p> <p>5 A. We always report suspicious</p> <p>6 orders, and if you look at the record, during</p> <p>7 when conversation took place, I'm not sure who</p> <p>8 Mr. Mahoney is, but he has his information</p> <p>9 incorrect, because at this point in time, I can</p> <p>10 tell you we were reporting thousand of orders to</p> <p>11 DEA.</p> <p>12 Q. Well, what I want you to look at,</p> <p>13 sir, is 4222. Okay? Exhibit 17 to your</p> <p>14 deposition. Do you see that?</p> <p>15 A. Uh-huh.</p> <p>16 Q. Okay. Well, the DEA -- the</p> <p>17 government's saying -- actually, the United</p> <p>18 States Attorney for the Southern District of New</p> <p>19 York in Manhattan is saying that your company</p> <p>20 failed to inform the DEA of those suspicious</p> <p>21 orders pursuant to 21 CFR Section 1301.</p> <p>22 Do you see that?</p> <p>23 A. If you're asking me about this and</p> <p>24 about the memo, they're two different dates</p>

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1 related here.
 2 Q. Okay.
 3 A. But I can assure you that we were
 4 reporting thousands of suspicious orders in
 5 March 11th, 2013, where Mr. Mahoney was
 6 attesting that we didn't. And I can assure you,
 7 without any doubt, that we were reporting
 8 thousands of orders.
 9 Q. Okay. Well, let's talk about 4222
 10 and all those thousands of orders you reported
 11 and what the US Attorney for the Southern
 12 District of Manhattan found. And if you go down
 13 to numerical Paragraph Number 2, why don't you
 14 read that into the record.
 15 MS. WICHT: I'm sorry.
 16 Paragraph 2, is that what you said?
 17 MR. GRAY: Yes. Numerical
 18 Paragraph 2.
 19 A. "Defendant admits, acknowledges,
 20 and accepts responsibility for the following
 21 violations of the regulations promulgated by DEA
 22 pursuant to its authority in the Controlled
 23 Substances Act."
 24 Q. Okay. Next paragraph.

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1 A. "Between January 1st, 2011 and
 2 May 14, 2012, Defendant failed to inform DEA
 3 that certain orders for controlled substances it
 4 received from some customers were suspicious, as
 5 required by 21 CFR 1301.74."
 6 Q. Okay. So the government, the
 7 United States Department of Justice from
 8 Manhattan, found that, just like you said over
 9 here in 1941, that you didn't report suspicious
 10 orders.
 11 A. I didn't ever say --
 12 MS. WICHT: Object to the form of
 13 the question. Mischaracterizes the
 14 document.
 15 A. You mischaracterize what I said.
 16 I never said that we have failed to report
 17 suspicious --
 18 Q. Well, we'll ask Mr. Mahoney what
 19 you said to him. But what I'm saying is, if you
 20 look at 4222.2, the United States Government
 21 Department of Justice made those allegations
 22 against Cardinal and they admitted it, didn't
 23 they?
 24 MS. WICHT: Object to the form of

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1 the question.
 2 A. They made -- I believe they made
 3 those allegations. Me personally, I disagree
 4 with those allegations. I believe that we were
 5 reporting suspicious orders as our program was
 6 designed and consistent with the regulatory
 7 requirements.
 8 Q. Okay.
 9 MS. WICHT: Counsel, I'm sure you
 10 know Mr. Mahoney has already been asked
 11 and has testified that those notes are
 12 wrong, so I just urge you to not ask
 13 misleading questions on the record.
 14 MR. GRAY: Strike the testimony of
 15 the lawyer from the record.
 16 BY MR. GRAY:
 17 Q. What I'm asking you is, during the
 18 period of time that you were the vice president,
 19 okay, this -- senior vice president, January 1,
 20 2011 through May 14, 2012.
 21 Do you see that period of time?
 22 A. I see that period of time.
 23 Q. Your company admitted that they
 24 failed to inform the DEA of certain orders of

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1 controlled substances, you understand that,
 2 correct?
 3 A. I was not --
 4 MS. WICHT: Object to the form of
 5 the question.
 6 A. -- a party in the write-up of the
 7 agreement between the Department of Justice and
 8 DEA -- and Cardinal Health, but I can tell you
 9 today, and I have told you throughout the day
 10 today, to the best of my knowledge, we were
 11 complying with the Controlled Substances Act and
 12 we have been reported since the time that I
 13 joined the company in 2009 suspicious orders to
 14 the government. The expectations have changed
 15 over time and we have adapted to the
 16 expectations of the agency.
 17 Q. Okay. But the law hasn't changed,
 18 right?
 19 A. The law still --
 20 MS. WICHT: Object to the form of
 21 the question.
 22 A. The law is still the same until --
 23 from, I believe, 1970 -- I don't remember the
 24 exact year, until today.

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1 Q. The law stayed the same, but as
2 you read this document -- I mean, you're still
3 an employee of Cardinal Health, right?
4 A. I still am an employee of Cardinal
5 Health, correct.
6 Q. And what's your current position?
7 A. Chief quality and regulatory
8 affairs officer.
9 Q. So you're chief quality in
10 regulatory affairs. Is that higher than senior
11 vice president?
12 A. Similar role, but in a
13 different -- in a different capacity.
14 Q. The chief's higher up on the
15 order -- the chain of command than senior vice
16 president, right?
17 MS. WICHT: Object to the form of
18 the question.
19 A. I think we have -- I believe we
20 have the same pay grade, if that's what you
21 mean.
22 Q. And in that capacity, you
23 understand this document to mean that Cardinal
24 Health admitted that they violated the law when

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1 they didn't inform the DEA of certain orders of
2 controlled substances; you understand that?
3 MS. WICHT: Object to the form of
4 the question. Mischaracterizes the
5 document.
6 A. Understand what? The language
7 that is in the document? I see the language
8 that is in the document. It doesn't mean that I
9 agree with the language.
10 Q. Okay. And then it goes on to say
11 your company paid a \$10 million fine for that
12 problem.
13 Do you understand that?
14 A. It says in the document that the
15 Defendant shall pay \$10 million to the United
16 States.
17 Q. And that \$10 million were for acts
18 and actions while you were the senior vice
19 president over regulatory, January 1, 2011
20 through May 14, 2012, correct?
21 A. According to this document, there
22 was an agreement made by Cardinal Health and the
23 Department of Justice and that was the
24 settlement agreement that they reached.

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1 MR. GRAY: Nothing further.
2 VIDEOGRAPHER: Time is now 3:04.
3 Going off the record.
4 MS. WICHT: You wouldn't mind if
5 we just consult for a minute or two?
6 MR. GRAY: No.
7 (Recess taken.)
8 VIDEOGRAPHER: Time is now 3:12.
9 Back on the record.
10 MS. WICHT: We have no questions.
11 We will read and sign.
12 And the transcript is highly
13 confidential under the terms of the
14 protective order for a period of time
15 until we make more detailed
16 designations. Thank you.
17 MR. GRAY: Okay. Thank you.
18 VIDEOGRAPHER: Time is now 3:12.
19 This concludes the deposition.
20 Going off the record.
21 (Signature not waived.)
22 - - -
23 Thereupon, at 3:12 p.m., on Thursday,
24 December 6, 2018, the deposition was concluded.

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1 CERTIFICATE
2 STATE OF OHIO :
3 SS:
4 COUNTY OF FRANKLIN :
5 I, GILBERTO QUINTERO, do hereby certify that
6 I have read the foregoing transcript of my
7 cross-examination given on December 6, 2018; that
8 together with the correction page attached hereto
9 noting changes in form or substance, if any, it is
10 true and correct.
11 _____
12 GILBERTO QUINTERO
13 I do hereby certify that the foregoing
14 transcript of the cross-examination of GILBERTO
15 QUINTERO was submitted to the witness for reading and
16 signing; that after he had stated to the undersigned
17 Notary Public that he had read and examined his
18 cross-examination, he signed the same in my presence
19 on the _____ day of _____, 2018.
20 _____
21 NOTARY PUBLIC - STATE OF OHIO
22 My Commission Expires: _____
23 _____
24

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1 CERTIFICATE
2 STATE OF OHIO :
3 SS:
4 COUNTY OF DELAWARE :
5 I, Sara S. Clark, a Registered Merit
6 Reporter and Notary Public in and for the State of
7 Ohio, duly commissioned and qualified, do hereby
8 certify that the within-named GILBERTO QUINTERO was by
9 me first duly sworn to testify to the truth, the whole
10 truth, and nothing but the truth in the cause
11 aforesaid; that the deposition then given by him was
12 by me reduced to stenotype in the presence of said
13 witness; that the foregoing is a true and correct
14 transcript of the deposition so given by him; that the
15 deposition was taken at the time and place in the
16 caption specified and was completed without
17 adjournment; and that I am in no way related to or
18 employed by any attorney or party hereto or
19 financially interested in the action; and I am not,
20 nor is the court reporting firm with which I am
21 affiliated, under a contract as defined in Civil Rule
22 28(D).
23
24 IN WITNESS WHEREOF, I have hereunto set my
hand and affixed my seal of office at Delaware, Ohio
on this 11th day of December 2018.
15
16
17
18
19 _____
20 SARA S. CLARK, RMR
21 NOTARY PUBLIC - STATE OF OHIO
22 My Commission Expires: March 10, 2023.
23
24 ---

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1 DEPOSITION ERRATA SHEET
2 I, GILBERTO QUINTERO, have read the transcript
3 of my deposition taken on the 6th day of December
4 2018, or the same has been read to me. I request that
5 the following changes be entered upon the record for
6 the reasons so indicated. I have signed the signature
7 page and authorize you to attach the same to the
8 original transcript.
9 Page Line Correction or Change and Reason:
10 _____
11 _____
12 _____
13 _____
14 _____
15 _____
16 _____
17 _____
18 _____
19 _____
20 _____
21 _____
22 _____
23 _____
24 Date _____ Signature _____